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# CHICAGO Medical Examiner,

N. S. DAVIS, M.D., EDITOR,

AND

F. H. DAVIS, M.D., ASSIST.-EDITOR.

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1871.

# CHICAGO MEDICAL COLLEGE.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the second Tuesday in March following. Clinical Lectures *daily* throughout the term.

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The Summer Reading and Clinical Term commences on the first Monday in April, and continues until the first Monday in July; and is free to all matriculated Students of the College. Boarding, \$3.50 to \$4.50 per week. For further information, address

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N. S. DAVIS, M.D., EDITOR.  
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VOL. XII.

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## Original Contributions.

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### A SHORT HISTORY OF SIX CASES OF PLACENTA PRÆVIA.

By E. R. WILLARD, M.D., of Wilmington, Ill.

CASE I.—In August, 1853, Mrs. R——, aged about 30, multipara, of nervous temperament, quite hysterical, and in poor health, was taken with slight hemorrhage about three weeks before full time. I was sent for; found her still flowing some, but without pain; learned that she had been having what she called a show at different times for six weeks previous. As the hemorrhage was slight, and there seemed to be no necessity for active interference, I ordered quinine and iron to relieve the debilitated anemic condition of the system, with strict orders that she should keep the recumbent position for several days. From this the hemorrhage ceased, and the general health improved for ten days, when she was again taken with hemorrhage, which was more profuse than on the former occasion, but not sufficient to excite alarm, and subsided spontaneously. About the end of pregnancy I was again summoned in great haste; found her flowing so profusely as to have resulted in partial syncope. Upon making an examination per vaginum I found

the os dilated to the size of half-a-dollar, and my worst fears realized by finding the placenta in the interval. I immediately introduced a tampon and held it up with some considerable force, ordering at the same time counter pressure upon the abdomen by two women, who with the flat hands firmly pressed the uterus and contents well down. This procedure was continued some three-quarters of an hour, when during a pain the tampon was removed, the placenta detached upon the left side, which seemed the thinnest, and the membrane ruptured. Continuous pressure was still maintained upon the abdomen, the tampon again introduced, after complete evacuation of the liquor amnii, and held firmly up as before. By this time the ergot, which had been given in the form of an infusion in the proportion of an ounce to a pint of water, began to make a decided impression upon the uterus, the contractions becoming almost continuous. As the child's head, which was presenting, soon became engaged, I removed the tampon, but persisted in the downward pressure, and had the satisfaction, inside of an hour from the time of rupturing the membranes, of delivering the child, which was finally resuscitated after much careful manipulation. The placenta came away in five minutes.

Although neither the delivery of the child or placenta was accompanied with any considerable amount of flooding, still the patient was so bloodless, from previous hemorrhages before my arrival, as to make it necessary to place the head considerably below the rest of the body to prevent syncope.

I remained with the patient a few hours to insure perfect reaction, or sufficient, as I thought, to relieve apprehension of further danger, and then rode into the country. I was gone some three hours. Upon returning, to my surprise, I found the patient in articulo-mortis. She only made two or three ineffectual efforts at respiration after my arrival. I attributed the unfortunate termination of this case to the interference of two old ladies, who, in my absence, persisted in elevating the woman's head a foot or more above the rest of the body, thereby causing fatal syncope. This I inferred from finding the patient in that condition. I immediately lowered the head and

applied stimulants and friction, all to no purpose. Upon examination the uterus was found to be firmly contracted, without any signs of hemorrhage more than a slight oozing since the birth of the child. The fatal result in this case produced a decided impression upon my mind at the time, as I was most certain that the patient would recover after the completion of the accouchement.

CASE II.—In August, 1854, I was summoned to see Mrs. B—, in consultation with Dr. Jones, of Channehon. The messenger stated that he feared the woman would be dead before my arrival unless I made great haste. I found the patient about 28 years of age, nervous temperament, multipara, not much advanced beyond the sixth month of gestation, in a very critical state. Her countenance was pinched and anxious, pulse hardly perceptible, breathing short and quick, and the body bathed in a profuse cold perspiration. I learned from the friends that she had been affected by hemorrhage that recurred every week without specific cause for three weeks past, and that she had been having some pain since the flow commenced this time. Upon examination I found the bed saturated with blood, the vagina distended by a large clot, and hemorrhage going on actively. The cervix dilated to the size of an American quarter, through which the placenta could be plainly felt, covering the entire dilated orifice, and subsequently proved to be centrally attached.

I recommended the immediate separation of the placenta and free administration of ergot, as the best means in my judgment calculated to relieve the urgent symptoms in the case. With the request of the attending physicians I introduced my hand into the vagina, and with the fingers in the uterus detached the placenta without rupturing the membranes. The hemorrhage immediately ceased. Ergot was ordered in full doses every twenty minutes, together with wine and beef essence, and the patient well surrounded with artificial heat. In an hour, the pains began to increase in frequency and force, and in three hours labor was terminated, the uterus expelling the fetus, placenta, and membranes entire. After agreeing upon the

treatment to be adopted to bring on reaction, I left the patient in charge of the attending physician, with the most sanguine expectation that she would recover.

These anticipations were not fulfilled, as I afterwards learned from the friends that the patient died in about six hours from my departure. I have always been of the opinion that the fatal termination of the case was the result of post partum hemorrhage, that might possibly have been stayed, had due diligence and care been used in the subsequent management of the case.

CASE III.—On the morning of January 12th, 1860, Dr. E. H. Strong sent for me to see a patient of his in her sixth month of gestation. Upon arriving found Mrs. C——, a strong, muscular, multiparous woman, who, without premonitory hemorrhage, was taken ill the evening before, after lifting some heavy articles, with alarming flooding, and now lay pale and almost pulseless. Dr. Strong was sent for in the night shortly after the flooding commenced, and immediately introduced the tampon, which for a time controlled the flow, but towards morning slight uterine contractions came on, producing periodic hemorrhage of considerable violence, which induced him to send for me.

Upon removing the tampon and making a vaginal exploration, I found the os slightly dilated, just sufficient to introduce the index-finger. As the hemorrhage was going on actively I passed the finger through the cervex, and distinctly felt the placenta, which subsequently proved to be nearly centrally attached, membranes entire. As the patient was so completely exhausted that further loss of blood would doubtless result in the fatal termination of the case, I proposed the entire separation of the placenta as the best means under the circumstances calculated to control the flow, and give time for the action of ergot and stimulants. This being agreed upon, I introduced the hand, and with the fingers in the uterus easily detached the placenta, without rupturing the membranes. The tampon was again introduced and the ergot given in full doses every twenty minutes. The hemorrhage ceased almost immediately, with the exception of slight oozing, and in two hours the whole contents

of the uterus was expelled, child, placenta, and membranes entire. I watched the patient carefully during the entire time, never leaving the bedside, and as the case terminated so favorably, it left no doubt upon my mind in regard to the mode of procedure in this case being correct. The mother made a good recovery.

CASE IV.—*Jan. 26th, 1871.*—Dr. Abbott called at my office, and requested me to go with him to see Mrs. B—, three miles distant. During the ride he gave me the following history: Two weeks previous the patient, a multipara, of bilious sanguine temperament, in good health, was affected, without assignable cause, by hemorrhage of considerable severity, which ceased spontaneously before his arrival. She was directed to maintain the recumbent position as much as possible, and avoid all exertion more than was absolutely necessary. About a week from this, she was again taken in the same way, but less severe; the flow also ceased spontaneously, same as on the former occasion. This morning he found the woman flowing quite profusely, accompanied with some pain. After an hour and a-half's attendance, and the hemorrhage had become alarming, he was induced to call me in.

I found the patient cold, quite faint, pale, and almost pulseless, with some nausea and ineffectual efforts at vomiting. Said it was too dark to tell who I was when I spoke to her, although the room was quite light at the time. Examination revealed a large clot distending the vagina; the os dilated to an inch in diameter, and completely dilatable, through which the placenta could be distinctly felt blocking up the entire cervix. The left edge subsequently proved to have crossed over, and overlapped the os in its present dilated condition about an inch. Upon consultation, we concluded to immediately turn the child and deliver the woman—as the soft parts were very much relaxed, the os dilatable, and the liquor amnii present—hoping thereby to save both mother and child. A full dose of ergot was given, and pedalic version performed without delay. The feet being secured, firm pressure was maintained upon the abdomen, and the delivery completed in less than twenty minutes. The placenta soon followed.

After resorting to artificial respiration for some ten minutes, together with warm baths, the child was finally resuscitated. The mother lay in a critical condition for several hours, but subsequently rallied, and made a good recovery.

CASE V.—On December 15th, 1868, I was summoned to Mrs. W —, in consultation with Dr. W. R. Fox, eight miles distant. The patient, a multipara, of nervous bilious temperament—supposed to be in the sixth month of gestation—had for several weeks previous been suffering from uterine hemorrhage, more or less severe, without specific cause. She had lost a large quantity of blood on the day of the visit; her face exhibiting a somewhat blanched and cadaveric appearance; pulse weak and very much accelerated; and so much exhausted as to become quite dizzy upon lifting her head from the pillow, with great depression of spirits.

Upon removing the tampon previously introduced by Dr. Fox, and making a vaginal examination, the os uteri was found dilated sufficient to admit the index-finger, the edge thin and yielding, through which the placenta could be felt overlapping the whole of the dilated orifice. Slight uterine contractions having occurred at intervals of an hour during the greater part of the day, it was agreed that premature delivery would promise best for the safety of the patient. Accordingly, the placenta was partially detached, the tampon reintroduced without rupturing the membranes, and ergot freely given. Expulsive pains soon came on, and in a few hours the entire contents of the uterus were expelled, without further material loss of blood. Examination showed the placenta to have overlapped the os about an inch. The patient made a good recovery.

CASE VI.—*April 10th, 1871.*—Mrs. C —, the same as reported in Case III., over 40 years of age, and mother of 15 children, sent for me in great haste. When I saw the patient about 5 P.M., I found the bed so completely saturated as to have run through, and formed a large pool upon the floor. Pulse frequent and small, with nausea, vomiting, and profuse perspiration. There was no premonitory hemorrhage in this case up to this time, and she only wanted about two weeks of

completing her present gestation. I learned that she was taken, two hours previous to my visit, with profuse hemorrhage, without either pain or other assignable cause. Upon examination, I found the edge of the placenta crossing the cervix, which was dilated sufficient to easily admit the index-finger. I immediately introduced the tampon, and held it firmly up against the os uteri, accompanied by counter pressure by assistance over the uterus; at the same time, gave full doses of ergot every 20 minutes, until strong uterine contractions came on.

At 6 P.M., the pains having become quite severe, I ruptured the membranes and evacuated the liquor amnii, hoping thereby that the placenta would become compressed by the descent of the head to such an extent as to control the hemorrhage. My anxiety for the success of this plan was extremely great, as the pulsations of the child's heart could be distinctly heard, and I was in hopes that it might be delivered without resorting to version, thereby giving the child the greatest possible chance of safety.

These anticipations were fully realised; as, shortly after rupturing the membranes, the uterine contractions became almost continuous, and the hemorrhage was diminished so much as to require but little interference. I had the firm pressure continued over the uterus until the head had entered the superior strait, and in a little over three hours from the time of my arrival at the house, the patient was delivered of a living male child. The mother made a good recovery.

REMARKS.—It is generally conceded by all medical writers that the attachment of the placenta over the os internum is as certainly fatal to the child-bearing woman as the most malignant epidemic of yellow fever or cholera—the mortality being as one to three in all cases having this complication. Although elaborate articles have been written by all our best obstetricians, both on this and the Eastern Continents—each differing more or less from the other in their peculiar management of these cases—still the mortality does not seem to have been materially changed: this no doubt is in consequence of the patients not being seen by the practitioner until the hemorrhage has become



so great as to be irremediable. I am of the opinion that very much depends upon the judgment of the physician in attendance—always bearing in mind the two indications presented, of diminishing the hemorrhage and completing the labor as soon as possible. To fulfil the first of these indications, I have found the tampon held firmly against the os, assisted by pressure upon the abdomen, to be the most effectual. Should the flooding be so profuse as to endanger the life of the patient, and this before her seventh month of gestation, I would recommend the complete separation of the placenta, without extracting it from the uterus (as advocated by Prof. Simpson) or rupturing the membranes.

And for the second indication, ergot should be given in full and repeated doses. The os uteri, if not quite elastic and dilatable, should be artificially dilated by means of the internal caoutchouc dilator. I would not recommend the early evacuation of the liquor amnii unless gestation was nearly completed, and the os sufficiently dilatable to ensure the rapid descent of the fetus. Even then, the possible necessity of version should be taken into consideration, as there would be little danger from internal hemorrhage so long as the uterus remained full, and the requisite amount of continuous pressure was made upon the abdomen. I have found the application of a sheet—the same as for *parecentesis abdominis*—to answer admirably for that purpose. The external flow can also be more effectually controlled by continuous firm pressure with a proper fitting tampon. In absence of anything better, I have found a small-sized glass speculum, properly padded, and inserted wrong end up, to answer a good purpose. In one case, a castor-oil bottle, padded as above, and inserted bottom up, did good service. This procedure necessitates the constant personal attention of the physician until the accouchement is completed.



TRAUMATIC PARALYSIS OF THE FACIAL NERVE.  
RECOVERY.

BY ALFRED E. WALKER, M.D.

Last November, a girl about twelve years of age came to the Davis Dispensary to have a tumor attended to, which showed itself just below the tempero-maxillary articulation of the right side. Dr. Sherman tried the administration of absorbents for a while, but without any effect, and then he decided to remove it by an operation. This was accomplished, though the tumor was found to be much more extensive than was anticipated, extending in between the carotids, and being attached to the parotid gland back of the ramus of the jaw.

The next day the child was quite comfortable, but complained of numbness on the right side of the face. Twenty-four hours after the operation she commenced vomiting; twelve hours later the wound was dressed, and considerable fluid escaped; another twelve hours and the vomiting ceased; in the course of the next sixteen hours she had several convulsions. This brought her to the sixtieth hour after the operation, and subsequently there were no bad symptoms at all. The wound suppurated and healed, cicatrization being complete at the end of three weeks.

Now, as to the paralysis, it appeared the first time she was seen after the tumor was excised, and it exhibited all the usual symptoms of paralysis of the facial nerve, which need not be enumerated here. There was also anæsthesia for a space three-quarters of an inch broad, immediately in front of the incision, reaching from just under the ear to near the angle of the jaw.

On the 16th of January, that is, five weeks after the operation, the use of electricity was commenced with Kidder's machine. At this time the features had fallen downwards on the affected side, and there was a little ectropion of the lower eyelid. The girl holding one electrode in her hand, if the other was applied behind the cicatrix, no effect was produced; but if it was applied over the parotid gland in front of the cicatrix most of the facial muscles were set twitching. After this the

battery was used every second day, the muscles moving more and more. On the first of February, it was found that pain could be excited in the surface in front of the cicatrix, but perception was not definite, as appeared from the girl's failure to tell correctly how many points touched her, though the compasses were separated by one-third of an inch. On the 14th of Feb., her sister came with her, and, in answer to questions, said that the patient had laughed a little on the right side for two weeks. She was accordingly provoked to smile, and straightway demonstrated her capacity for bilateral mirthfulness. The sponge applied behind the cicatrix now caused contractions in the facial muscles.

But two sets of muscles remained deficient in power or in innervation, namely, the orbicularis palpebrarum to raise the lower lid, and the depressors of the angle of the mouth and of the lower lip. If reflex action, or what Carpenter might call "consensual" action, was excited by pushing the finger roughly into the inner canthus, the eye would close tightly, but not in response to mere volition. And as to the mouth, no motion at all could be excited in the depressors, while the levators were gaining strength day by day, and finally threatened to give to the right side the appearance of a permanent grin. On the 11th of March, a galvanic current from a sixteen-cell battery was applied to the chin, and this caused the depressors to act. It was repeated on several occasions until the patient's visits became so irregular that treatment had to be discontinued.

Among the points of interest in this case we might, perhaps, include the vomiting, which commenced twenty-four hours after the operation. It may be attributable to the effects of the ether; but, on the other hand, as it did not begin until after a whole day it may have been occasioned by irritation of the glosso-pharyngeal nerve, by the contents of the wound, or by the thickening of the parts.

It will be noticed that on the 14th of February, the patient was said to have been laughing on the right side for two weeks. This would make such voluntary action of the muscles begin at about the same time that the space in front of the cicatrix was

first found to be sensitive; and it is probable that if the sponge had then been applied to the back of the cicatrix the re-established continuity of the nerve would have been demonstrated. Though it is possible that the renewed sensibility was due to the growth of new nerves from adjacent branches, for the sensations perceived were very indefinite,—not accurately localized.

It seems to have been one month after external cicatrization was complete that the nerve recovered its conductivity. The depressors of the mouth had been quiescent three months when the galvanic current set them in motion.

Perhaps it is worth mentioning that the girl was running about in the open air during the coldest weather last winter, without any covering over the eye which she could not close, but that the eye never showed any sign of irritation, except watering a little.

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## REPORT ON THE MEDICAL USES OF CARBOLIC ACID.

By N. S. DAVIS, M.D., Chicago, Ill., Chairman of the Committee.

Read to the Illinois State Medical Society, at the Annual Meeting in Peoria, May 16, 1871.

At the last Annual Meeting of this Society, the undersigned were appointed a Special Committee to report on the medical uses or value of the carbolic acid in the treatment of diseases when taken internally. It would doubtless have been more satisfactory to the Society if we could have collated, in the form of a report, the results of the clinical experience of many members of the profession, gathered by a close examination of our medical literature; but our time has been so closely occupied that we have been unable to do this. We shall, therefore, attempt nothing more than a plain statement of our own experience in regard to the use of the remedy.

It is about three years since carbolic acid began to attract attention as a remedy for internal administration. The kindred substance, creosote, had long been known, and used to a limited extent in the treatment of some forms of disease. But the

carbolic acid, in its pure crystalline form, was first introduced to the notice of the profession as an external application in surgical injuries, for the purpose of destroying living germs, and preventing suppuration or putrefaction. It was not until it had been extensively used for these purposes in surgical practice, and the idea had become quite prevalent that various diseases, classed as zymotic, depended on the presence and action of living germs, either animal or vegetable, that it was suggested as a remedy of probable efficacy in the treatment of such diseases. During the brief period which has elapsed since this suggestion was made, the carbolic acid has been used as an internal remedy, more or less, in the treatment of all forms of intestinal flux, from the simple infantile diarrhœa to the epidemic cholera and dysentery; in the low or typhoidal types of fever; in all the forms of angina, from simple catarrhal inflammation to scarlatina anginosa and diphtheria; and in some of the varieties of carcinoma.

During the last two years, we have prescribed the carbolic acid very often, and in a considerable number of morbid conditions. In the various grades of irritation or morbid sensitiveness of the mucous membranes of the alimentary canal, especially in children, we have found it a very valuable remedy. A few cases will serve to illustrate more fully the application of the remedy than we could convey in any other manner.

CASE 1st.—A. B., child eight months old, nursing. The bowels had been slightly loose for three or four days, the discharges thinner and more offensive than natural, but not more than three times a day, until July 3d, 1870, when it began to have active diarrhœa, the discharges being very thin and of a greenish color, accompanied by a prompt rejection of whatever it took into its stomach, either by nursing or drinking. It was not the active vomiting of severe cholera morbus, but that morbid sensitiveness of the stomach that causes rejection of the ingesta and serious diarrhœa. There was no febrile reaction, but rather paleness and coolness of the surface. The mother was directed to let the child nurse often, but only a little at a time, and to give it no drinks except one or two teaspoonfuls at

a time of cold water or mucilage; and the following prescription was given:

R. Carbolic Acid Crystals -----	3grs.
Glycerine -----	3ss.
Camph. Tinct. Opii. -----	3ss.
Water -----	3ij.

Mix, and give 20 drops every two hours until the stomach and bowels are quiet. When there have been no evacuations up or down for twelve hours, then extend the interval between the doses to three hours. Under this treatment the vomiting ceased during the first twelve hours, but moderate diarrhœa continued, and the medicine was also continued at intervals of three hours. On the third day after commencing the treatment there was no vomiting, and only two intestinal evacuations more healthy in character. The same medicine was continued four times a day for three days longer, when the child appeared well, and treatment was discontinued. During the summer of 1870, we treated more than 70 cases similar to the one just related, embracing children from six months to two years of age, with the same formulæ, and nine out of every ten speedily recovered. Such of the children as had been weaned were fed on small but frequently repeated doses of a thin porridge, made of sweet milk and wheat flour. In a very few instances the medicine appeared to exert no influence over either the vomiting or diarrhœa, and other remedies were made available. It will be remembered that the cases here alluded to were recent and simple in their nature. The following will illustrate another class of cases, of greater severity, and of very frequent occurrence during the months of July, August, and September.

CASE 2d.—*July 27th.* Called to C. T——'s child, aged 15 months, still nursing. The child had commenced to have moderate diarrhœa, or "summer complaint," as it is termed, during the first week in July, which had continued, with only occasional vomiting when it took too much into its stomach, until the 24th. It had become pale and thin in flesh, but still most of the time cheerful, and the mother, as is usual in such

cases, attributing the looseness to "teething," had used no remedies except one or two doses of castor-oil. During the night of the 24th, the child became more restless, the bowels moving every two or three hours, and the stomach promptly rejecting whatever was taken into it. The intestinal discharges were very thin, yellow, and offensive. The following day a physician was called, who prescribed suitable doses of anodyne and alterative powders, mustard sinapisms over the epigastrium, and the next day some laxative mixture, sufficient to move the bowels. Almost every dose of the medicine, however, was rejected by vomiting, and the original symptoms continued without abatement. When we were called on the 27th, the child was much emaciated, the countenance haggard, extremities cool, pulse quick and feeble, paroxysms of great restlessness, with intervening somnolency—almost every paroxysm of restlessness ending in a discharge from the bowels of a greenish yellow color, and almost as thin as water, with little specks of mucus in it. There was pretty uniform vomiting within a few moments after nursing or taking any kind of drink. The urinary secretion was very scanty. We advised the mother to let the child nurse only a little at a time, but often, and to give no other drink except teaspoonful doses of ice-cold water, of which it was very fond. For medicine, we directed the following:

R. Carbolic Acid Crystals ----- 3grs.  
 Glycerine (pure) ----- 3ss.  
 Water ----- 3ijss.

Mix, and give half a teaspoonful every hour until the vomiting ceases, and the breast milk is retained well. Also the following:

R. Nitrous Ether ----- 3ss.  
 Camph. Tinct. Opii. ----- 3ss.

Mix. Give 20 drops in half a tablespoonful of sweetened water every three hours, to help allay the irritability of the bowels, and promote more active secretion of the kidneys.

*July 28th.*—The vomiting has nearly ceased; the evacuations

from the bowels are less frequent, but nearly the same in character, and the urine only slightly increased in quantity. Ordered both prescriptions continued, but the solution of carbolic acid only every three hours, making it come alternately with the paregoric and spirits of nitre.

*July 29th.*—Child nurses well, and retains all it takes into its stomach; countenance much improved; urine more abundant; but the intestinal discharges continue to occur every three or four hours, and remain thin and pretty copious. Directed the carbolic acid solution to be continued every six hours, and half-way between, one of the following powders, *viz.*:

Ry. Sub. Nit. Bismuth -----	12grs.
Pulv. Geranium Root -----	4grs.
Pulv. Doveri-----	1gr.

Mix. Divide into six powders.

Under this treatment the bowels steadily improved, and on the 1st of August the carbolic acid was omitted, and only one powder given each night and morning; and after three days more they were dispensed with altogether, the child needing no further treatment. As already remarked, this case is the representative of a large number that were treated, and in nearly all of which the carbolic acid was of great service in allaying the gastric irritation and vomiting, but in all, or nearly all of which, other remedies were required to aid in restoring a healthy condition to the bowels. In the first stage of active cholera morbus, both in children and adults, we have many times promptly arrested the active symptoms by using the following formulæ:

Ry. Carbolic Acid Crystals -----	6grs.
Glycerine -----	5ss.
Camph. Tinct. Opii.-----	5jss.
Water-----	5ij.

Mix. Give to adults one teaspoonful every half hour or hour until the symptoms are relieved, and doses proportionately less for children. In active dysentery or acute inflammation of any part of the mucous membrane of the alimentary canal, we have



found little or no advantage from the use of carbolic acid, but in many cases of chronic dysentery, accompanied by flatulency and gastric irritability, it has afforded much relief when given with paregoric, as in the last formulæ stated above, and repeated every three, four, or six hours.

**FEVERS.**—The theories that, on the one hand, attribute typhoid fever to the action of some specific animal poison capable of producing general febrile disturbance, in connection with a specific morbid action in the glands of the mucous membrane of the intestines, and, on the other, make the influence of carbolic acid depend on its power to destroy such poisons, very naturally suggest the latter as a remedy for the former. Our own clinical experience, however, does not lead us to place much confidence in the efficacy of carbolic acid as a leading remedy in the treatment of this or any other variety of general fever. And yet there are conditions that sometimes arise during the progress of both typhoid and typhus fevers that may be met more effectually by carbolic acid than by any other remedy that we have tried. It has occasionally happened, though not often, that these fevers have been accompanied, in the early stage, by such a morbid sensitiveness of the stomach, that almost everything taken into it was rejected by vomiting, thereby interfering seriously with the proper administration of both food and medicine. In several such cases we have given small and frequently repeated doses of the solution of carbolic acid, with the most happy effect in relieving the gastric irritation and modifying the course of the fever. It also sometimes happens, in the advanced stage of these fevers, even after many of the symptoms of convalescence have become apparent, that a very troublesome sensitiveness of the stomach and bowels spring up, interfering with our efforts to nourish and sustain the patient at a very critical period of his progress. The following case will illustrate the point we have in view better than any description we could give:

**CASE 3d.**—*Feb. 10th, 1871.* Miss G——, a German servant girl, aged about 20 years, had been admitted into the Mercy Hospital ten days previously, then in the beginning of the third



week of a severe enteric typhus fever. At the time of her admission her expression of countenance was dull; face suffused with a dark flush; lips, mouth, and tongue dry, and the latter red at the edges, with a brown, dry coat over the middle; skin generally moderately hot and dry; pulse 120 per minute, and soft; dry bronchial ronchi over the whole chest, with oppressed breathing; abdomen full and tympanitic, with from four to six thin, brown, and offensive intestinal discharges every twenty-four hours; mind dull, wandering, and indifferent. Could not learn whether she had been subject to any medical treatment or not. She was placed on the use of an emulsion of oil of turpentine and tincture of opii every four hours, with six grains of chlorate of potass, and six drops of hydrochloric acid in mucilage of gum arabic between. For nourishment, she was to take two tablespoonfuls of sweet milk and wheat flour porridge every two hours, with the same quantity of beef tea or essence between. After the first four days the more important symptoms began to abate. The surface was less hot and dry; the mind less wandering; the abdomen less tympanitic; the mouth and tongue less dry; the dry bronchial ronchi were displaced by slight moist ronchi, and a little expectoration; the pulse was only 100 per minute; and the intestinal discharges not more than two or three in the twenty-four hours. These improvements continued through the fifth and sixth, and were so marked as to create the impression that convalescence had already commenced, and the medicines were given at longer intervals, and the quantity of nourishment moderately increased. On the seventh, however, the stomach began to reject both food and medicine, and the intestinal evacuations became more frequent, with increasing tympanities. Both the emulsion and the chlorate solution were discontinued, and instead a powder of sulphate of morphia 1-6gr., and sub. nit. bismuth 6grs. was directed to be given every two hours until the stomach and bowels were quieted. On the following day, finding that the powders had been rejected by vomiting, and no improvement in the other symptoms, they were continued at longer intervals, and a teaspoonful of the following mixture given every two hours:

R.	Aromat. Spts. Ammonia-----	℥iij.
	Camph. Tinct. Opii-----	℥jss.
	Simple Syrup-----	℥ss.
	Aqua Camph.-----	℥j.

Mix. Sinapisms were applied over the epigastrium. On the 10th, the patient was found not only no better, but decidedly worse. The countenance was haggard, the skin cool, the pulse frequent and feeble, the abdomen much distended and tense, intestinal discharges frequent, and very thin; stomach still rejecting both food and medicine, and yet the tongue was clean and the mouth free from sordes, and the mind clear. All previous medicines were omitted, and the patient rigidly restricted to a single tablespoonful of thin milk porridge every half hour, and one teaspoonful of the following prescription every hour:

R.	Carbolic Acid Crystals-----	6grs.
	Camph. Tinct. Opii-----	℥iss.
	Glycerine-----	℥ss.
	Aqua-----	℥ij. M.

Before the end of twenty-four hours the vomiting had ceased, and the intestinal discharges were less frequent. The medicine was continued every two hours, with nourishment as before. From this time the patient continued steadily to improve, and the interval between the doses of medicine was lengthened from day to day, and the nourishment given in larger quantities, and at larger intervals, and on the 18th of the same month she was fully convalescent.

Among the poorer classes of society, cases of this variety of fever are often neglected in the early stage, and several have come under observation in which an extreme irritability of the stomach has been developed in the advanced stage, and in which the carbolic acid, given as above, afforded speedy relief.

We have given the carbolic acid in solution in water, with a little glycerine, as in the following formulæ, in many cases of indigestion, characterised by fœtid eructations, occasional pains in the abdomen, especially soon after eating, and one or two offensive discharges from the bowels each day.

R. Carbolic Acid Crystals ----- 6grs.  
Glycerine (pure) ----- 3ss.  
Water ----- 3iijss. M.

Take one teaspoonful just before each meal, and at bedtime, and in nearly all the cases with decided benefit. We have also used the same formulæ, in doses suited to the age of the patient, in several cases of scarlatina anginosa, diphtheria, and catarrhal sore throat, and generally with benefit, especially in the ulcerative stage of those affections. \* We have used the same solution in six cases of unusually severe vomiting in the early months of pregnancy. Two of these cases were unusually severe, and had persisted until past the fifth month, when they came under my observation. Both were first pregnancies, and the patients had become extremely reduced in flesh and strength, from inability to retain nourishment. They had tried sub. nitrate bismuth, oxalate of cerium, lupulin, and a variety of antacids, and some stimulants, but without relief. Both, however, were speedily relieved by taking one teaspoonful of the solution of carbolic acid as above given; at first, every three hours, and after the vomiting was checked, the remedy was continued before each meal for several weeks. The remaining four cases were less severe. In two of them the medicine taken before each meal afforded considerable relief, but did not entirely stop the nausea; while in the remaining two it produced not only no beneficial effect, but seemed to be especially repugnant to the patients.

CANCER.—Two cases of cancerous disease and ulceration of the os and neck of the uterus were much relieved by using the solution of carbolic acid internally, at each meal time, and a stronger solution twice a day as vaginal wash. They were kept comparatively comfortable for many months, but the effects were only palliative.

A neighboring physician told us he had a case of cancerous disease, of well-marked character, that had been kept stationary and the patient comfortable more than twelve months, under the constant use of carbolic acid. We have also used it with temporary benefit in two cases of cancerous disease of the stomach.

From the foregoing details, it will be seen that we do not regard carbolic acid as a specific for the cure of any form of disease, but from its mildly sedative influence on the organic nervous system and mucous surfaces, coupled with strong antiseptic properties, it is admirably adapted to meet certain indications that arise during the progress of a great variety of diseases. We might easily extend this report by further details, including the local application of carbolic acid to various cutaneous eruptions, but enough has been given to indicate clearly the directions in which it may be applied and administered with reasonable expectation of benefit.

N. S. DAVIS, }  
J. MURPHY, } *Committee.*

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### Foreign Correspondence.

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*Ehrenbreitstein, Germany, May 9th, 1871.*

PROF. N. S. DAVIS, M.D.—*Dear Sir*,—Perhaps it will not be entirely without interest to your readers to read a description of a few cases which have been brought into this hospital for treatment during the war just ended. As a general thing we have not had cases of great importance, but occasionally one is brought which is at least interesting physiologically. The most of the cases which I shall describe have not been in my wards during the entire treatment, and as no histories are at my disposal, shall be obliged to trust chiefly to memory. I shall therefore describe the cases as well as I can, and leave it to yourself and readers to theorize.

The first case received a ball passing in about the centre and at the junction of the neck with the shoulder of the right side, the ball being found lodged under the skin a little below and about two inches to the right of the right nipple. The external wound healed readily, but there was partial paralysis of the limbs of the left side, while the right pupil was dilated to about four times its normal size. The capillary circulation of the

limbs of the left side was sluggish, the limbs being perceptibly colder than normal, while the thermometer in the left axilla showed a diminution of temperature of one degree. Professor Langenbeck examined the case, and said the ball had affected the spinal cord from concussion, and then passed through the right lung to the right side. He was troubled for a time with "night sweats," and one night I was called to him and found him senseless, throwing himself from one side of the bed to the other, and bathed in perspiration, although his temperature appeared normal and the pulse regular. The attack lasted about fifteen minutes, and was repeated once during the night, and the following morning he complained of headache and general weakness. The treatment at first was general, with no apparent effect; afterwards electricity, with daily exercise, was tried, and from that time the patient began slowly to improve. He was sent away from the hospital a few days ago, being able to walk around very well, and will probably in the course of time be able to attend to his business, if not entirely recovered.

The next case received a ball in the shoulder, just above the joint, the ball passing out near the lower angle of the scapula (right shoulder); also a ball passing through both condyles of the right femur without injury to the joint. In this case we have exemplified the tenacity of life in some cases, for we expected him to die almost every day for a month, abscesses forming in different parts of his body, bedsores on his back, and every few days hemorrhage from the wound in his shoulder. Finally the shoulder-joint became involved, and resection of the head of the humerus was performed about the middle of October, and from that time he began gaining strength, although the wound has not yet entirely healed. The wound in the knee still refuses to heal, small spiculæ of bone coming away with the pus from time to time. The surgeon says he is afraid to attempt any operation for fear he might injure the joint which is yet sound. His appetite never failed him, and he was furnished wine and beer in abundance, according to custom here. He is able to walk around, and it is hoped he will recover with the use of his knee-joint.

The next case was a lieutenant, who received a flesh wound just above the right knee, the ball passing behind the femur and injuring the peroneal nerve. There is nothing particular about this case except the pain which he always had in his foot. He had to be injected with morphia from three to five times a day, medicines being powerless. This was continued for about four months without any perceptible improvement. Finally he was ordered to be injected with water to try the mental effect. This did not relieve the pain, and he was told that morphia, when long continued, sometimes loses its effect. The injections were then stopped, and in the course of a month he was much improved, being able to sit up all day. Finally he went to Wiesbaden, to try the baths, since which time I have heard nothing from him.

There are other interesting cases, one of which I will only mention. A ball cut the skin on the top of a soldier's head without any perceptible injury to the bone. He became immediately deaf, and has remained so ever since.

A few words about Germany. When I first came here I was almost ashamed to acknowledge I was an American; now I am proud of it. As to their instruments and apparatus for dressing wounds and fractures, certainly they would lose nothing by going to America and studying the productions of "Yankee ingenuity." I have seen nothing extra which is not to be seen every day in our hospitals, and as to German education, should feel very badly to have to say it was superior to ours.

G. W. GOODNER, M.D.

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#### SUL. MORPHIA AS A PARTURIENT.

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PROF. DAVIS.—*Dear Sir,*—In your April issue, Dr. Vance pretends a reply to my criticism on Dr. Robson's views of morphia as a *parturifacient*, and simply says, *his* experience coincides with the views expressed by Dr. Robson! I admit, that, in natural labor, sul. morphia will act as a parturient—that it will hasten abortion, where it is inevitable; but the

question is, *how?* What is its *modus operandi* in such cases?—*not, Will it do it?*

Permit me to ask Dr. Vance—1st, What the *modus operandi* of *secale cornutum* is? 2d, What is the *modus operandi* of *sul. morphia* upon the parturient patient? These queries I propound, in order to elicit full discussion, and free interchange of views upon this interesting subject, and trust we may *finally* call out the views of the ED. EXAMINER on the subject.

L. D. ROBINSON, M.D.

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### METRO-PERITONITIS AGAIN.

PROF. DAVIS,—I have recently had my attention called to a letter which appeared over the signature "Viatus," in a late number of a medical journal published in this city. Said letter professes to review the case of metro-peritonitis which I reported in the EXAMINER, but it is of such a character as to be almost unworthy of any notice. In it the writer shows himself more familiar with the peculiar phraseology of the prize ring than with the principles of medical diagnosis.

He declares that I made a false diagnosis, that the disease was not metro-peritonitis. I think it well to consider briefly the merit of that declaration. He attempts to make a strong point upon the character of the pulse as reported by me. In my report the character of the pulse as to volume was alluded to but once, and that was during the prodromic period, before the symptoms of metro-peritonitis were fully initiated. The pulse, in severe peritoneal inflammation, is generally quick, feeble, and jerking, though it may be hard and full. After the full development of peritoneal inflammation the pulse ranges from 110 to 150 per minute, *when uninfluenced by medication*. Is the physician who controls the circulation by medication, so as to prevent it reaching 120 or 150 beats per minute, to be told in consequence that he has made a false diagnosis? In the case reported, all the grave and characteristic symptoms of metro-peritonitis were present in a marked degree. I do not



consider it necessary to enumerate them here. The sudden distension of the abdomen, which sometimes occurs within a few hours after confinement, cannot be mistaken for metro-peritonitis. This distension is unaccompanied by the pain, fever, or other characteristic symptoms of metro-peritonitis.

I wish to say a word with reference to the duration of the case reported by me. It seems unusually short. It is so, the period of active inflammatory action and convalescence having occupied not more than ten or twelve days. I am satisfied that the inflammatory action was abruptly cut short in this instance by the opium. As soon as the opium impression was manifested the pulse was held at 110, and thereafter gradually became slower. Such, also, is the experience of Alonzo Clark; the pulse falling from 120 to 90 and 68 per minute, the disease often running a remarkably short course. If evidence is worth anything, it seems to me that it points conclusively to the value of the opium treatment of this disease. The fact that opium poisoning may occur, unless great caution be exercised in its use, will not deter the physician from a fair and thorough trial of the remedy.

I apologise for obtruding this subject again upon the attention of the readers of the EXAMINER. I assure you, however, that this closes what I have to say upon the subject. Permit me to say, in closing, to those individuals who have been so busily collecting items in regard to my case, that had they called upon me they might have saved a great amount of time and trouble in interviewing the physicians and druggists in my vicinity. I could have given them more information on the subject in twenty minutes than they could have received from my neighbors in an hour.

Yours truly,

THEODORE GRIFFIN, M.D.

582 State Street.



## Proceedings of Societies.

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### ILLINOIS STATE MEDICAL SOCIETY.

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The Annual Meeting of this Society was held in Peoria, commencing on Tuesday morning, May 16th, and continuing until one o'clock P.M. of the Thursday following. It was one of the largest and best meetings that have been held since the organization of the Society in 1850. The following record embraces the most important part of the proceedings:

The Society was called to order at ten o'clock, by the President, Dr. G. W. Albin.

The roll of officers was called, and all found to be present, as follows:

*President*—G. W. Albin, M.D., of Neoga.

*First Vice-President*—John Murphy, M.D., of Peoria.

*Second Vice-President*—J. S. Whitmire, M.D., of Metamora.

*Treasurer*—J. H. Hollister, M.D., of Chicago.

*Permanent-Secretary*—T. D. Fitch, M.D., of Chicago.

*Assistant-Secretary*—J. P. Johnson, M.D., of Peoria.

*Committee of Arrangements*—Drs. J. C. Frye, R. Boal, J. O. Hamilton, R. Roskoten, Peoria; S. Maus, Pekin; J. S. Whitmire, Metamora.

Drs. Peck and Baxter, delegates from the Iowa State Medical Society, were introduced by Dr. Plummer, of Rock Island, and were invited to take seats and participate in the business of the meeting as delegates. Dr. Peck responded briefly, and invited the Society to appoint delegates to attend the next annual meeting of the Iowa Society.

On motion of Dr. J. O. Hamilton, the annual assessment for each member was fixed at \$3.00.

The hearing of reports from standing committees being in order, Dr. H. A. Johnson, of Chicago, chairman of the Committee on Practical Medicine, gave a verbal abstract of a somewhat lengthy and interesting report, the materials for

which had been obtained chiefly from the records of the Chicago Board of Health.

At the close of the report a recess was taken for dinner.

AFTERNOON SESSION.

The Society was called to order at two o'clock P.M., President Albin in the chair.

Dr. Boal, in behalf of the Committee of Arrangements, delivered a brief and very appropriate address of welcome; and several additional members presented their credentials and were registered.

The consideration of the report of the Committee on Practical Medicine was resumed, and Dr. G. B. Hawley, of Aurora, inquired if the report contained anything in regard to the condition of certain classes of people in different parts of the city, the actual hygrometric condition of the atmosphere, as well as the amount of rain fall, etc.

Dr. H. A. Johnson stated that the report did contain details in regard to all the matters mentioned by Dr. Hawley, except that of the hygrometric condition of the atmosphere, and he stated some striking facts illustrating the effects of sewerage and pure water in lessening the mortality. He also stated that the south and south-east winds were always followed by an increase in the daily number of deaths in the city.

Dr. Hewett stated that in his locality in Jersey County he had observed an aggravation of disease pretty uniformly in connection with dry south and south-east winds. The subjects embraced in the report were further discussed by Drs. D. W. Young, of Aurora, J. H. Hollister, and N. S. Davis, of Chicago. The latter stated that temperature and moisture certainly exert a great influence in the production of diseases, but in the production of bowel-affections, so prevalent, especially among children in the summer, another element acted in conjunction with the heat and moisture. That element was some kind of atmospheric impurity. He had observed that the bowel-complaints of children in Chicago invariably commence with the first week of continuous hot weather after the fresh fallen surface

water of spring has disappeared, so that the surface soil is simply moist, or in the process of becoming dry. It is then that the processes of organic change and decomposition are most rapid, and the products impregnate the atmosphere to the greatest extent.

Dr. J. C. Corbus, of Mendota, member of the Committee on Practical Medicine, made a supplementary report in relation to the diseases of his locality, which, together with the report of Dr. Johnson, was referred to the Committee of Publication.

The President then announced that the Mayor and City Attorney of Peoria were present, and desired an audience with the Society.

The Mayor introduced Mr. Quinn, the City Attorney, who said:

Mr. President and Gentlemen of the Convention: The City Council of our city, at a recent date, met and unanimously adopted a resolution in reference to your assembling here, whereby in behalf of our citizens they extended to you a hearty welcome and the hospitalities of the city, and directed that their action should be made known to you by the mayor. On account of his modesty, and at his request, the pleasing duty devolves upon me to extend to you the earnest, hearty welcome of our people. Therefore, in behalf of our city authorities and the 25,000 good people whom they represent, I extend to you, gentlemen of the medical profession—of that art above all arts, the healing art—a most cordial greeting, and a warm, unselfish, hearty welcome. And, gentlemen, this is not a mere formality; it is a genuine expression of an unselfish sentiment which finds its well-spring in the heart. We have no base motive, no unkind thought in extending to you our hands, welcoming you to our houses, and warming you in our hearts.

If you controlled legislation, represented the executive, the cabinet, the army or the navy, and we paid you deference and honor, it might be said that we were sycophants seeking favors from those having power to grant them, but you being neither one nor the other, this lies not upon the tongue of slander to be uttered.

But why, I may be asked, this stir, this earnest effort on the part of our people to make you at home—to make you forget that you are away from home? Simply this: We know that you are the benefactors of the human race; that you ameliorate suffering; give ease to the throbbing temple; quiet the excited pulse; and bring rest and sweet repose to the troubled pillow. We know that braver soldiers never stood on guard than you and your brethren, for no matter what the disease, the epidemic, the scourge, you never turn and flee, but bravely and boldly assail it.

In the velvet-clad palaces of the rich and the neglected cabins of the poor, there, gentlemen, we find you.

Exposed to storms and tempests, snows and sunshine, light and darkness, all to remove suffering, to heal the troubled breast. Hence, being mindful of the blessings you bring to us, and the sufferings you endure for us, we admire you, nay, love you, and are resolved to do all in our power to make your stay in our midst one to be remembered with pleasure, until the lamp of your existence is extinguished.

Gentlemen, before returning to your respective homes, we desire to have you look at our little city, and see if the Lord, at least, has not been good to us. And, as President Johnson once said, so I say, "Look at Peoria."

Our city, gentlemen, whether or not she receives what many of the people of our State hope and pray she may receive, will always have a beautiful lake, a half-a-dozen railroads, delightful scenery, brave men, and handsome women, good health, and as good physicians as any community has cause to be proud of.

Gentlemen, without reflection or forethought I offer these words, feeling how inadequate they are for the occasion, I having simply stolen a moment from professional labors to perform what to me is a pleasure and honor:

In conclusion, gentlemen, you are welcome, thrice welcome to Peoria.

Dr. Johnson, of Chicago, was called upon to reply to the speech in behalf of the Society. He had met with the Society for 21 years, and nowhere had the Society been treated so

kindly as in this city. He was astonished to be so well treated. After going to a hotel and engaging a room, he found that he had been assigned a pleasant home while in this city, and had nothing to pay. He replied in brief to the remarks of Mr. Quinn, complementary to the profession, and its aims and objects. This Society would always remember with pleasure their visit to the city of Peoria, and he wished the city the greatest improvement and happiness.

Dr. Edmund Andrews, of Chicago, chairman of the Committee on Surgery, presented an interesting report on various surgical topics, embracing improvements in the operation for phymosis by Prof. J. S. Sherman, of Chicago; improved instruments for operating for cleft palate, irrigating the urethra, suppressing hemorrhage, using the endoscope, the choice of anæsthetics, the effects of transplantation of skin and cuticle in the healing of chronic ulcers, etc. He related three cases of the latter process by himself, and alluded to one by Prof. E. Powell.

Dr. D. Prince, of Jacksonville, stated that he had made several experiments in the transplantation of cuticle to the surface of chronic ulcers. In all of his cases the ulcers were suppurative, and the experiments failed. He had been informed by Dr. Hodgen, of St. Louis, that his trials in ulcers of a similar kind had also failed, but when the transplantation had been to the surface of ulcers that were dry or non-suppurative, it had been followed by a satisfactory degree of success.

Dr. Andrews, in his report, had recommended a row of gas jets ten inches long for illuminating the urethra and other internal parts, and Dr. H. A. Johnson inquired whether the color of the light needed any correction in order to appreciate correctly the color of the illuminated surfaces?

Dr. Andrews replied that the light was sufficiently accurate for practical purposes.

Dr. Johnson added that he had found an ordinary Argand burner with a deep blue chimney to give the color of tissue very perfect. He also stated that recent cases of gonorrhœa could be generally rendered abortive, or speedily cured, by the local application of a solution of permanganate of potassa, 10

grs. to the oz. of water. The application is unirritating and painless.

Dr. D. Prince said that tannic acid, moistened with glycerine and made into the form of a bougie, when introduced into the urethra and left to dissolve in the moisture of the mucous membrane, generally rendered recent gonorrhœa abortive.

Dr. Kilbourn spoke against the use of ordinary astringents in the treatment of this disease, and recommended the method of irrigation described in the report of the committee.

Dr. T. D. Fitch thought the method of operating for phymosis adopted by Dr. J. S. Sherman, as described in the report, was not very different from that recommended by Erichsen, in his work on surgery, and which he had followed in his own practice with entirely satisfactory results. In regard to the use of anæsthetics in surgery, he stated that up to the last two years he had given the preference to chloroform, and had so expressed himself in the anniversary meeting of this Society for 1869. But since that time his personal observations, as well as the accumulated facts in our medical literature, had induced a change in his mind, and he now thought chloroform should be used only in exceptional cases. He still entertained fears that though ether was much less dangerous in its immediate effects, yet its secondary influence on the blood might materially retard or aid in preventing the final recovery of the patient.

Dr. Harriot inquired how Drs. Fitch and Andrews administered chloroform, and was informed that they used it on a napkin over the mouth and nostrils of the patient, holding it in such position as to allow a reasonable admixture of atmospheric air. He stated that he had used chloroform very often for a number of years without any bad results.

Dr. J. H. Hollister inquired whether any one had known fatal results from the inhalation of chloroform after the preceding inhalation of ether?

Dr. Mosher said that Dr. Frank H. Hamilton, of New York, gave ether to a patient, and failing to produce the desired anæsthesia, followed it by chloroform, which proved speedily fatal.

Dr. Traverse had given chloroform frequently in obstetric practice without any dangerous effects, but thought there was more danger from hemorrhage after the delivery; so much so, that he now pretty generally gave a dose of ergot immediately after the completion of the labor.

Dr. White, of Bloomington, also thought the use of chloroform increased the tendency to excessive flowing after labor. He related a death from the inhalation of chloroform used by mistake, supposing it to be ether. The *post mortem* showed the blood to be in a fluid condition, and a specimen of it kept in a vial several months presented no coagulation.

Dr. H. A. Johnson alluded to a fatal case of poisoning by hydrate of chloral, recently published in Europe, in which the *post mortem* revealed the presence of chloroform in the blood, and made some comments on the philosophy of anæsthesia.

Dr. Crawford said he had used chloroform as the principal anæsthetic in his practice, using it often, and without any serious results. He thought much of the safety or danger incurred in its use depended on the mode of its administration. The method which he learned while connected with the army was to lay one or two thicknesses of factory cloth over the mouth and nostrils of the patient and then put the chloroform on it drop by drop.

Dr. J. S. Whitmire practised and recommended the same method, and though he had given the chloroform a great many times, and still adhered to its use, he had met with no bad results. He believed, however, that its use should be limited to really important cases of surgery, and strongly condemned its use for extracting teeth and other trivial operations.

Dr. S. J. Jones and Dr. W. Young coincided with Drs. Crawford and Whitmire in relation to the method of using chloroform. The latter gentleman stated that the reason why so few accidents had resulted from the use of chloroform in obstetrics compared with general surgery was, because in labor it is given to allay pain already present, while in surgery it is given in advance, to prevent suffering anticipated.

Dr. Jenks stated that he had found a mixture of chloroform,



tinct. opii., and tinct. aconite, applied locally to the gums, to produce all the anæsthesia necessary to extracting teeth.

On motion, the report of Dr. Andrews on surgery was referred to the Committee of Publication.

The Society then adjourned until 8 o'clock P.M.

#### EVENING SESSION.

On re-assembling at 8 o'clock in the evening, Dr. Albin in the chair, Dr. J. Murphy, of Peoria, made an interesting verbal report concerning his method of treating strictures of the urethra. For all old and indurated strictures he recommended the use of chromic acid, applied directly to the stricture. He introduces a large-sized bougie, with several holes in the end, presses it down upon the stricture and injects through it the solution of chromic acid, repeating the application at first twice a day. When the tissue of the stricture has been softened by the application, a small-sized bougie, with holes in the sides, is used and pressed through the stricture, and the acid injected as before. He continues this once a day, with increased size of the instrument, until a No. 8 passes readily. He commences the use of a solution of chromic acid, 40 grs., water, 3j., but increases the strength gradually to 60 grs. to the ounce of water.

Dr. D. Prince, of Jacksonville, member of the Committee on Surgery, made an interesting and lengthy report on the improvements in the departments of plastic and orthopædic surgery, which was referred to the Committee on Publication.

The Committee on Obstetrics and Diseases of Women, Dr. DeLaskie Miller, of Chicago, chairman; and the Committee on Criminal Abortion, Dr. W. H. Byford, of Chicago, chairman, were called, but no reports were made.

The Committee on Ophthalmology, Dr. H. H. Roman, of Springfield, chairman, was called, but no report from the chairman. Dr. E. L. Holmes, of Chicago, one of the committee, read a short report on cataract, which was referred to the Committee of Publication.

The Society then adjourned until eight o'clock the next morning.



## WEDNESDAY MORNING.—SECOND DAY.

The Society was called to order at 8 o'clock A.M., Dr. G. W. Albin, in the chair.

Dr. Boal, chairman of the Committee on Arrangements, reported that the committee had provided a new meeting place in the basement of the Universalist Church.

Dr. Davis moved that the meeting adjourn to the new rooms selected, but withdrew his motion, as it was desirable to remain in the hall to witness the exhibition of Dr. Truesdale's fractured, after which the Society adjourned to the lecture-room of the Universalist Church. The new place of meeting is much more suitable than Rouse's Hall was. The accoustic qualities of the room are better; it is not so large, and therefore better suited to the use of the 100 or 150 delegates, and the seats and general appointments are much more comfortable. The Society were compelled to change their place of meeting on account of a minstrel performance.

The following names were proposed for permanent membership: Drs. J. P. Walker and N. Elsbury, of Mason City, Ill., by Drs. D. Prince and E. Andrews; Dr. C. D. Knapp, of San Jose, and Dr. N. B. Cole, of Bloomington, by Drs. R. D. Bradley and J. S. White; and Dr. John Gregory, by Drs. J. W. Hensley and H. Steele.

On suggestion of Dr. Davis, a recess of ten minutes was taken to receive the names of the nominating committee. When the meeting was called to order, the Committee on Nominations reported.

Dr. David Prince, of Jacksonville, then introduced to the Society Drs. Wm. M. McPhelters and Wm. S. Edgar, of St. Louis, and moved that they be allowed the rights and privileges of delegates, which motion was unanimously adopted.

Dr. Johnson, of Peoria, continued the report on opthamology, in the case of ocular hyperæthusia, which was discussed by Drs. Warner, McFarland, Johnson, Littlefield, and Holmes, and on motion, the matter was referred to the Committee on Publication.

The Committee on Phthisis Pulmonalis was called, when it

was announced by the President that the Chairman, Dr. Noble, was dead.

The Committee on Otology was called, and the Chairman, Dr. S. J. Jones, of Chicago, made his report, which was discussed by Dr. E. L. Holmes.

On motion, the report of the Committee on Otology was accepted, and referred to the Committee on Publication.

The Committee on Investigation reported favorably on a number of names, presented as permanent members, and they were declared elected.

The Committee on Nominations made the following partial report:

Dr. J. O. Hamilton, of Jerseyville, President; Dr. T. Worrel, of Bloomington, First Vice-president; Dr. D. W. Young, of Aurora, Second Vice-president; Dr. J. H. Hollister, of Chicago, Treasurer.

On motion, this report was adopted, and the candidates elected unanimously, and on further report of the committee, Rock Island was selected as the next place of meeting.

The Committee on Criminal Insanity being called, Dr. McFarland, the Chairman, submitted a verbal report, which was discussed by Drs. McCartney, of Young America, and N. S. Davis, of Chicago.

The Committee on Idiocy was called, and Dr. C. T. Wilbur, of Jacksonville, presented his report, which on motion was adopted, and referred to the Committee on Publication.

On motion, the Society then adjourned.

In the afternoon, an excursion by rail was taken to Prospect Hill. Owing to the late railway war, and the blocking up of track, the train did not get away until nearly four o'clock, though the time announced for its departure was two o'clock. The Committee of Arrangements did all they could to hurry the departure, but could not control the matter, and are not to blame for the delay. Though the medical gentlemen were compelled to wait for a time at the foot of Hamilton Street, they took the matter good naturedly.

The number of citizens accompanying the excursion was

limited. The train stopped at the residence of R. M. Cole, Esq., where three fine photographs were taken of the Society. This also consumed time, and the stay at Prospect Hill was necessarily very short. It gave the visitors, however, an opportunity of obtaining a fine view of the country from the hill, and many were the exclamations of pleasure at the prospect presented.

In the evening, a reception and banquet was held at Parmely's Hall. A large number of ladies and gentlemen were present, together with all our medical visitors. The banquet was prepared by the ladies of the city, and was worthy the attention it received. Spencer's band was in attendance, and dancing formed a pleasing feature of the evening. The company did not retire until a late hour, and all appeared to be well pleased with the entertainment.

#### THURSDAY MORNING.—THIRD DAY.

The Society was called to order at 9 A.M.; President Albin in the chair.

The reading of the minutes was dispensed with, and the regular order of reports of committees proceeded with.

Dr. N. S. Davis, chairman of a special committee read a report on the internal use of carbolic acid in the treatment of diseases, which was referred to the Committee of Publication.

Dr. D. W. Young, Special Committee on Cholera Infantum, read a lengthy and interesting report on that subject, which was referred to the Committee of Publication.

Dr. T. D. Fitch, Special Committee on Bowel Affections of Children, gave a verbal statement of his report on the nature and treatment of constipation in infants. The statement was accepted, and the author requested to furnish his report to the Committee of Publication. All these reports were listened to with much interest, and would have elicited very profitable discussion had not the hour for final adjournment been so near at hand.

Dr. J. S. Whitmire, Special Committee on the Duty of the Profession towards the State Medical Society, read a report,

which was accepted, and referred to the Committee of Publication.

A paper on Criminal Abortion, by Dr. A. Niles, of Quincy, had been received through the Special Committee on that subject. The author not being present to read his paper, it was referred to the Committee of Publication, with instructions to examine the same and publish or not as they thought best.

The annual reports of the Treasurer and of the Publication Committee were presented, accepted, and placed on file.

They showed the financial condition of the Society highly satisfactory and prosperous.

Delegates were then elected to represent the Society in the next annual meeting of the American Medical Association, as follows:

Dr. N. S. Davis, Chicago.  
Dr. F. B. Haller, Vandalia.  
Dr. J. P. Johnson, Peoria.  
Dr. M. W. Walton, Ridott.  
Dr. J. O. Hamilton, Jerseyville.  
Dr. D. M. Vosburgh, Earlville.  
Dr. Geo. J. Monroe, Leland.  
Dr. D. W. Young, Aurora.  
Dr. E. P. Cook, Mendota.  
Dr. J. L. White, Bloomington.  
Dr. E. Willard, Wilmington.  
Dr. C. Winney, Sandwich.  
Dr. John Murphy, Peoria.  
Dr. D. W. Jones, Danville.  
Dr. David Prince, Jacksonville.  
Dr. J. H. Hollister, Chicago.  
Dr. C. Truesdale, Rock Island.  
Dr. H. A. Johnson, Chicago.  
Dr. E. Andrews, Chicago.  
Dr. D. E. Foote, Belvidere.  
Dr. T. D. Fitch, Chicago.  
Dr. S. P. Hawley, Aurora.  
Dr. N. G. Blalock, Mount Zion.

Dr. D. S. Jenks, Plano.

Dr. Lucius Clark, Rockford.

Dr. W. M. Kaul, Limerick.

Dr. E. M. Travers, Amboy.

Dr. Geo. W. Wright, Canton.

Dr. C. Goodbrake, Clinton.

Dr. Andrew McFarland, Jacksonville.

Delegates were also elected to the State Medical Societies of the adjoining States of Iowa, Missouri, and Indiana, as follows: To Missouri, Drs. G. W. Hall, of Carthage; F. B. Haller, of Vandalia; J. O. Hamilton, Jerseyville; and T. J. Pitman. To Iowa, Dr. Samuel C. Plummer, of Rock Island; and to Indiana, Dr. Wm. H. Byford, of Chicago.

A number of resolutions were adopted tendering thanks to the Committee of Arrangements, the proprietors of the hall and church in which the meetings were held, to the railroads, to the city authorities and citizens generally of Peoria for the liberal and excellent arrangements made and executed for the accommodation of the Society during the meeting about to close. The thanks of the Society were also tendered to the retiring President, for the able and faithful manner in which he had discharged his official duties.

The President, Dr. G. W. Albin, responded briefly, and the Society adjourned, to meet in Rock Island on the third Tuesday in May, 1872.

The foregoing is not the official record of the proceedings of the Society, but simply notes of such matters as we thought most interesting to our readers. If errors or mistakes have been made, the senior editor alone is responsible, and he will cheerfully correct any that may be pointed out.

The meeting was one of the largest and most profitable that has been held since the Society was organized. Yet it were easy to suggest improvements, which we may attempt to do in another place.

## QUINCY MEDICAL SOCIETY.

The Annual Meeting of the Quincy Medical Society was held at the office of Dr. A. Niles, in the city of Quincy, May 9th, at 10 o'clock A.M.

The following members were present, *viz.*: Drs. J. M. Grimes, J. T. Kinsler, A. Niles, L. Tibbets, C. A. W. Zimmermann, Sen., and William Zimmermann.

The meeting being duly organized, Dr. J. H. Reynolds, chairman, the following officers were elected for the ensuing year:

*President*—Dr. C. A. W. Zimmermann, Sen.

*Vice-President*—Dr. A. J. Miller.

*Secretary*—Dr. A. Niles.

*Censors*—Drs. L. H. Baker, P. A. Marks, L. Tibbets, Wm. Zimmermann, and J. M. Grimes.

On motion, Dr. C. A. W. Zimmermann, Sen., Samuel Tibbets and A. Niles were elected delegates to attend the next meeting of the State Medical Society.

Dr. J. M. Grimes was appointed orator for the next meeting.

Drs. Wm. Zimmermann, L. H. Baker, and L. Tibbets were appointed by the President a committee to report at the next annual meeting upon the diseases prevailing in Adams County the present year.

At two o'clock P.M. the Society convened, pursuant to adjournment, for the purpose of hearing and determining the charges which had been preferred against Dr. J. F. McCormick. The doctor not appearing, the Secretary, after waiting a reasonable time for him, proceeded to read the following bill of charges, which had been preferred against him in due form:

*"Quincy, Ill., April 13th, 1871.*

*"DR. J. F. McCORMICK,*

*"DEAR SIR,—We, the subscribers, members of the Quincy Medical Society, moved solely by a desire to sustain the respectability and honor of the profession, accuse you of disregarding the code of ethics and bye-laws of the said Society, of which you are a member, by the publication of a pamphlet intended for popular reading, bearing date Quincy, Ill., 1871,*

entitled 'A New Treatise on the Cause and Cure of Pulmonary Consumption and Kindred Diseases,' and likewise by the advertisements within said work and on its cover, and in the daily prints of this city.

"We accuse you, first, of violating the provisions of the code of ethics of the American Medical Association contained in art. 1, sec. 1 and 3, entitled 'The duties of physicians to each other and to the profession at large.'

"Second, with directly transgressing the bye-laws of the Quincy Medical Society, by the publication of advertisements in the daily prints of this city, as well as in said pamphlet. See p. 11, art. 17 of the bye-laws.

"You, Dr. J. F. McCormick, are hereby notified to appear at the next annual meeting of the Quincy Medical Society and answer to the above accusations, which will then be preferred against you, said meeting to be held at the office of Dr. A. Niles, on the 9th day of May next, at 2 o'clock P.M.

"SAMUEL A. AMERY.

ADDISON NILES.

"C. A. W. ZIMMERMANN, SEN. P. A. MARKS.

"J. T. KINSLER.

WM. ZIMMERMAN."

"I do hereby certify that the above is a true copy of the charges presented against Dr. J. F. McCormick, and that a copy of said charges was personally given to him by myself, as the bye-laws direct, on the 13th day of April, 1871.

"ADDISON NILES, Secretary."

The accused failing to appear or to present to the Society any defence, or render any excuse for the neglect, the members present having examined the evidence adduced to sustain the charges proceeded to vote upon the question: Are the charges sustained by the evidence? The vote being taken every member present voted in the affirmative, excepting Dr. J. H. Reynolds, who declined to vote on account of unsettled business relations with the accused.

Dr. C. A. W. Zimmermann, Sen., then moved that Dr. J. F. McCormick be expelled from the Quincy Medical Society. The motion being seconded, was put by the President, and carried by an unanimous vote.



On motion, resolved that the Secretary be directed to notify the State Medical Society of the expulsion of Dr. J. F. McCormick, and likewise furnish the CHICAGO MEDICAL EXAMINER with an abstract of the proceedings of this meeting for publication.

ADDISON NILES, Secretary.

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#### MILITARY TRACT MEDICAL ASSOCIATION.

The Sixth Annual Meeting of the Military Tract Medical Association was held in the Masonic Hall, at Galesburg, Tuesday, June 13th. M. Reece, of Abingdon, President, occupied the chair. Herbert Judd, of Galesburg, Secretary.

Forty members were present, representing eight counties. During the morning session the following new officers were elected:

*President*—S. P. Breed, of Princeton.

*Vice-President*—John M. Moose, of Galesburg.

*Secretary and Treasurer*—Herbert Judd, of Galesburg.

*Board of Censors*—J. K. Crawford, of Monmouth; M. Reece, Abingdon; Wm. Hamilton, Galesburg.

The address delivered by M. Reece, the retiring president, was voted to be spread upon the records.

The principal business was reports from the following standing committees.

*Essayists*—E. L. Phillips, Galesburg; M. A. McClelland, Knoxville.

*Surgery*—Wm. Hamilton, Galesburg; J. N. Todd, Kewanee; Geo. W. Crossley, Princeton.

*Practice of Medicine*—Hiram Nance, Kewanee; W. L. Cuthbert, Monmouth; John P. McClanahan, Norwood.

*Materia Medica and Therapeutics*—S. P. Breed, Princeton; H. Marshall, Monmouth; J. V. McCutchen, Norwood.

*Obstetrics and Diseases of Women and Children*—S. K. Crawford, Monmouth; W. D. Stirling, Ionia; John W. Hensley, Yates City.

*Ophthalmology*—L. S. Lambert, Galesburg.

The cases of surgery reported by Dr. Hamilton were interesting; one case, an amputation of the arm near the shoulder, in which one of the ligatures (silk) still remained, the operation being performed fifteen weeks since. In the discussion that followed, Dr. Hamilton, of Monmouth, recommended from his practice the silver wire ligature, cut off short and left in the stump. He had always had good results and healing by the first intention.

Upon the practice of medicine considerable matter of a general character was presented.

Dr. Wm. Byrns, of New Windsor, reported a man who took 200 grs. of powd. opium. He was some distance away, and when found was completely comatose. This case was successfully treated by emetics, strong coffee, cold affusion, and active motion of the patient.

President Breed read an extensive and valuable report upon therapeutics.

The Committee on Obstetrics reported several cases of difficult labor, one with a fatal result.

Dr. L. S. Lambert read a lengthy paper upon "Anomalies of Refraction." This paper, together with the various reports, were referred to the Committee on Publication. Under miscellaneous business considerable interesting matter was discussed. Drs. Nance, S. M. Hamilton, Webster, Cuthbert, and Hilbert, presented some new rules in regard to membership and dues, which were adopted by the Association.

Dr. A. V. F. Gilbert was appointed by the President as Committee upon Necrology. The deaths of Dr. H. C. Graham, of New Windsor, and Dr. Geo. Gillis, of North Prairie, were reported and referred to this committee.

The meeting was thoroughly business-like, and seemed profitable to all. Galesburg was voted as the place for the next meeting.

Upon the motion of Dr. Hiram Nance, the Association voted that the Secretary forward a report of this meeting to the *Chicago Medical Examiner* for publication. Dr. H. S. Hurd, of Galesburg, moved, which was voted that the report be also

forwarded to the *Chicago Medical Journal* for publication.

The Association then adjourned to meet at Galesburg the second Tuesday in January.

HERBERT JUDD, *Secretary.*

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### Clinical Reports.

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#### CLINICAL CASES IN SURGICAL WARDS OF MERCY HOSPITAL.

Service of PROF. ANDREWS. From Notes by M.

CASE I.—TRAUMATIC TETANUS.—RECOVERY.—D. M., aged 36, occupation laborer, while working in a distillery on March 28th, 1871, had his right arm caught in a belt revolving at the rate of 180 revolutions per minute. The tissues of the arm were mutilated to a great extent, and a portion of the peripheral nerves badly lacerated. He was admitted to Mercy Hospital, March 29th, and was placed at rest with good diet, and tinct. ferri chloridi, gtts. 25, every two hours. On March 30th, indications of erysipelatos inflammation were noticed, with sloughing of a gangrenous nature. The patient was suffering greatly, and anodynes were freely given, the tr. iron being continued. Suppuration and sloughing from the wound continued copious until April 17th, when Prof. Andrews amputated the arm. *April 18th.* Tetanus supervened, involving the intercostal muscles of the right side, also of the neck, back, lower limbs, and face, so that he was unable to open the mouth, the muscles of the jaw feeling stiff and rigid. Sulph. quinia was administered freely, 8 grs. every hour, combined with anodynes. Up to April 21st, there was no improvement, the patient gradually failing in strength. Commenced giving tinct. Calabar bean in 10 gtt. doses every four hours alternately with sulph. quinia, 10 grs. *April 22d.* Increased the dose of the tinct. Calabar bean to 15 gtts. every two hours. On the 23d the dose was increased to 40 gtts.—patient slightly better. *April 24th.* Commenced giving the tinct. Calabar bean in tea-

spoonful doses every four hours alternately with sulph. quinia, 8 grs., and the treatment was thus *heroically* carried out until all rigidity of the muscles had disappeared. *May 10th.* Discontinued all treatment, patient able to walk about the wards.

Tinct. Calabar bean seems to possess the property of relaxing the muscular tissues and subduing the spasms that occur in tetanus.

CASE II.—LOCAL ERYSIPELAS (with remote syphilitic taint). Patient admitted April 10th. Face red, and much swollen; high fever, pulse 120 per minute; great prostration; had been sick for several days previous to admission. He was placed upon tinct. ferri chlorid., 25 gtts. every three hours, alternated with soda sulphite, 8 grs. To reduce the fever and rapidity of the circulation the following mixture was ordered:

R.	Tinct. verat. viride .....	℥j.
	Camph. tinct. opii .....	} āā ℥j℥.
	Nitrous ether .....	

A teaspoonful to be given four times a day.

*April 15th.* Patient sitting up. Dropped the sedative fever mixture and substituted instead, on account of the syphilitic taint:

R.	Iod. potass .....	℥iij.
	Fl. ext. conium .....	℥j.
	Hydr. chlor. ....	1 gr.
	Aqua et syrupus .....	āā ℥j℥.

A teaspoonful to be taken after meals and at bedtime.

At the expiration of another week the patient was convalescent. *May 1st.* Discharged cured.

CASE III.—CARBOLATED CERATE DRESSING IN VARICOSE ULCER OF LEG.—B. F., aged 28, native of Scotland, has been troubled for 15 years with a chronic ulcer on the leg, and with varicose veins in both lower limbs. The ulcer was discharging freely at the time of his admission, May 13th. Prof. Andrews injected several of the varicose veins with tinct. ferri murias, and dressed the ulcer with an antiseptic ointment, composed of carbolic acid cryst., 10 grs., adepis, ℥j. The patient continued to improve from date of admission, with good diet,

liberal exercise in the fresh air, etc. *June 1st.* The discharge had entirely ceased from the ulcer, and the patient was discharged cured.

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### Selections.

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#### WAR TYPHUS AND DYSENTERY.

By RUDOLF VIRCHOW.

(Kriegstypus und Ruhr. Von R. Virchow. *Virchow's Archiv.* Bd. LII. S. 1. January 16, 1871.)

The January number of *Virchow's Archiv.* contains an essay by the editor, on the fever and dysentery of the German army in France last fall and winter. Aside from the fact that everything relating to this wonderful campaign is just now of interest, this paper contains so much matter for consideration that we have thought a rather full abstract of the contents would be acceptable.

The author begins by relating that at the commencement of the war a series of great and apparently decisive battles rapidly carried the victorious army into the interior of the enemy's country. Numerous dead and wounded were left behind, but the general health of the invaders remained good, until siege operations succeeded the battles in the open fields, and great numbers of men were shut up in Metz and Paris, by vast investing armies. Then pestilence broke out. First around Metz, where dysentery soon appeared, followed by typhus. The improvised hospitals in schools and halls, as well as the newly-built barracks, became encumbered with the sick, and endless railroad trains carried them to the rear. By the middle of October fifty thousand had been sent. The besieged, too, suffered greatly. When the fortress surrendered, twenty-five thousand sick and wounded were found.

The news from Paris at the time of writing was less detailed, but dysentery and typhus had already appeared.

These two chief war diseases, therefore, demand attention at the present time; and first, of typhus. Spotted typhus (the typhus of English and American writers) must be distinguished from abdominal typhus (the typhoid fever of English and American writers). The Napoleonic wars were followed by terrible epidemics of spotted typhus, but two generations sufficed

to throw the old knowledge into the background; and although in France, and especially in England and Ireland, repeated sad experiences maintained a knowledge of the distinction between the two forms, in Germany it became the general practice to call abdominal typhus shortly typhus, and to regard belief in any other form as a mere superstition. The hunger typhus in Upper Silesia first checked this error, the characteristic lesions of abdominal typhus being absent, and the Crimean war produced a general reaction of opinion. It was then clearly shown that petechial or spotted typhus was not merely the hunger epidemic, but the true prototype of field and camp typhus. Hence, when news of typhus first came from Metz, it was natural to fear the disease might be of this formidably contagious character.

But although on former occasions war typhus has generally been spotted typhus, yet this has been replaced by the abdominal form in certain epidemics, as, for example, in that of Mayence, 1813-14. In a little pamphlet, on his recent journey to Metz with a sanitary train of the Berlin Hülfsverein, Virchow stated abdominal typhus to be the prevailing form there. Later observations, especially since the surrender of Metz, have confirmed this opinion. At Giessen, it is true, a few cases, supposed to be spotted typhus, were reported among the female nurses; but abdominal typhus shows so many varieties, that we must be careful in judging with regard to single cases; and "especially the admixture of the malarial element, which has shown itself actively during this war by numerous cases of intermittent fever, confuses the picture of the so-called normal course of typhus in a manner which is sometimes quite deceptive."

Considerable confusion of ideas exists in certain quarters with regard to the eruption of spotted typhus. The name petechial typhus has led some to regard "true petechiæ" as the characteristic eruption. This word petechia, as used at present, has no longer the same meaning as when first introduced into scientific terminology by Fracastoro. The comparison with flea-bites, which gave origin to the name, readily led to confusion of ideas, for a recent flea-bite, in the midst of the little red spot due to capillary hyperæmia, presents a small, dark, central area of hemorrhage around the point of puncture. The first disappears after a few hours, the latter remains longer; so that a recent flea-bite resembles the spots of roseola, and this was the sense in which the name petechia was originally employed; an older flea-bite resembles the hemorrhagic spots called

petechiæ in modern times. These resemblances are so great that they may even complicate diagnosis; though the fact that roseola spots have not the central dot of hemorrhage seen in recent flea-bites, and that older ones are smaller and have more abrupt edges than is usual with petechiæ, will generally enable them to be distinguished.

During the seventeenth and eighteenth centuries, the notion that hemorrhagic spots were characteristic of typhus gained ground. They were supposed to be the expression of a putrid condition of the blood, and the name putrid fever was employed to designate all the forms of typhus. But, in fact, these hemorrhagic spots occur not only in both spotted and abdominal typhus, but also in numerous other diseases, and there is nothing either in their character or the time of their appearance which is significant for diagnosis.

The eruption of merely hyperæmic spots has much more diagnostic value. These may be scattered and isolated, in the form of roseola, or more numerous, larger and closer together, resembling measles, with which they may even be confounded. Virchow described this eruption in connection with the epidemic in Upper Silesia (*Virchow's Archiv.*, vol. ii., p. 187; vol. iii., p. 165), but protests, that with all his opportunities for the observation of fevers, he is unable to admit any such constant differences between the roseolar eruption of abdominal typhus and that of spotted typhus, as are laid down by many writers.

"In both cases we have essentially a roseolar exanthem, consisting of multiple spots of capillary hyperæmia in the skin, and not limited to the hair bulbs. At first the redness disappears entirely on pressure, but at a later period the color becomes darker, probably through a partial escape of the hæmatin of the blood-globules, and its imbibition by the tissues; it then no longer disappears under the pressure of the finger. In spotted typhus the exanthem is well marked and wide-spread. In connection with the diagnosis, I would expressly remark that in our recent epidemics I have often seen it on the face, even on the forehead, as well as on the palms of the hands and the soles of the feet, so that a limitation of the eruption to the trunk and the adjoining portions of the extremities cannot be regarded as a constant diagnostic mark from measles."

"In abdominal typhus the exanthem is usually less marked, the spots are scattered, and limited to certain regions, especially the upper portion of the abdomen and the lower part of the chest. But there are also unmistakable cases of abdominal typhus in which the exanthem is much more decided; the



single spots are then larger, more strongly colored, and spread more widely over the body. If we consider, finally, that it not unfrequently happens that in spotted typhus the exanthem is slight, and the spots scattered, it will be understood, in the first place, that both abdominal and spotted typhus are alike entitled to be considered as exanthematous diseases; and, in the second place, it will be seen that the exanthem alone, without taking the other symptoms into consideration, is not decisive, and cannot be strictly regarded as a pathognomonic symptom."

Virchow next mentions that some cases of recurrent fever have been reported among the German troops in France; states that though he has seen petechiæ, he has never seen a roseolar or measles-like eruption in this disease, and discusses at some length the question of the occurrence of recurrent fever during the hunger epidemic of 1847-8 in Upper Silesia.

He then proceeds to suggest, that as the pathological changes in the intestine and the mesenteric glands, which are characteristic of abdominal typhus, can only be distinguished with certainty after death, autopsies are always of great importance in deciding the character of any epidemic. This has been done during the present war in the cases of a number of soldiers who died after their return to Berlin. "Extensive medullary infiltration of the lymphatic apparatus of the ileum, and to some extent of the colon, ulcers, and cicatrices, were found. We have during life no indisputable signs of these alterations. The diarrhœa, and the development of gas in the intestines, are certainly noteworthy, especially when fluid and gas occur at the point chiefly affected, the lower ileum and the cœcum, developing the well-known ileo-cæcal gurgling. But this gurgling is not specific, and may occur in the same way in spotted typhus."

It is his opinion that the notion that the diarrhœa of abdominal typhus is chiefly dependent upon the formation of ulcers is erroneous. Both in this disease and in tubercular ulceration of the intestine, the diarrhœa is dependent upon the co-existent intestinal catarrh, traces of which are found in the autopsies far beyond the portions of the intestines which are ulcerated, and no connection can be shown to exist between the severity of the diarrhœa and the extent of the ulceration. In abdominal typhus, then, we must consider two independent affections. "The catarrhal affection of the mucous membrane, which often involves the whole small intestine as far as the stomach, and the progressive alteration of the lymphatic apparatus, which involves the solitary follicles and the patches of Peyer, as well as the mesenteric glands."

In the spotted typhus of Upper Silesia, Virchow observed in some cases severe intestinal catarrh, attended by simple swelling of the follicles. He has also observed diarrhœas of great severity in the recent epidemics of spotted typhus in Berlin. In some of these cases, the discharges were found to contain large quantities of well-preserved intestinal epithelium adhering in shreds, just as in cholera. In the cholera epidemic of 1866, the presence of epithelial cells in the discharges was questioned. Virchow, however, has seen them in great abundance in cholera (*Medicinische Reform*, 1848, p. 28), and explains their absence in many cases by supposing them to be decomposed in the large intestine, a circumstance which would be still more apt to occur in either abdominal or spotted typhus.

But not merely is it important to separate the question of the diarrhœa from that of ulceration; the ulceration itself is not to be looked upon as an invariable concomitant of abdominal typhus. Virchow mentioned, as early as 1848 (*Virchow's Archiv.*, vol. ii., p. 244), that "a resorption of the exudate in the stage of medullary infiltration is possible." He is now disposed to believe that resolution is the normal termination of the affection of the intestinal follicles in abdominal typhus, and that it is an error to suppose that ulceration is of regular or necessary occurrence.

Not as he thought in 1848, that we have to do with a simple exudation; he has since shown that the medullary infiltration of Peyer's patches, and the solitary follicles, consists from the first in an increasing number of lymph cells quite like the normal gland cells of the lymphatic apparatus. This accumulation of elements takes place at first in the follicles, afterwards in the tissues which surround them. The alteration is therefore quite similar to that which occurs in the mesenteric glands, where it has long been known that resolution takes place. The precise mechanism of the process of resolution is not fully made out. "Certainly, fatty metamorphosis may be observed, but it seldom obtains a considerable height, and it is therefore questionable, whether besides this change, or even without its occurrence, the swelling is not simply relieved by one cell after another being carried off in the lymph stream." But whatever the details, the process occurs in the glands of Peyer and the solitary follicles, as well as in the mesenteric glands.

If resolution does not take place, the medullary infiltration passes into the cheesy metamorphosis. The product is the well-known typhus slough, not an ulcer; the ulcer only originates on the separation of the slough. The typhus slough is originally

dry, firm, and of a yellowish-white color; but it rapidly alters, partly by decomposition, partly by the action of the intestinal contents. Bile pigment may tinge it yellowish or brownish; iron given as medicine may stain it black.

In the mesenteric glands, the formation of the typhus slough is rarer. When it occurs, the cheesy mass remains longer unaltered than in the intestinal follicles. The condition, in fact, resembles what may be seen in scrofulous or tubercular lymphatic glands. The whole gland does not usually become cheesy, and even in the more severe cases the process is usually limited to a few glands near the junction of the ileum with the cæcum. After a time, suppuration occurs around the slough, and a furuncle-like gland-abscess results, which may open into an adjacent knuckle of intestine, or may become encapsuled.

In the case of the intestinal follicles, the slough may be as extensive as the original medullary swelling, whether in the solitary glands or the patches of Peyer; but in the latter case the ulcers are usually smaller than the patch, so that there may only be one or several small ulcers in a single patch. In a general way it may be said, that the number and size of the patches in which the medullary swelling occurs, bear no proportion to the number and size of the ulcers. The ulcers are most frequent in the patches of the lower part of the ilium; but even these sometimes escape, and higher up the intestine this is still more frequent. If this is true even in fatal cases, may we not infer that in the non-fatal cases, especially in those in which speedy recovery takes place, resolution of all the patches frequently happens? Is it wise to assume that ulceration followed by cicatrization is the usual mode of cure? Autopsies of the so-called walking cases show that it would not always be safe to assume that no ulceration has taken place because the case appears to be mild; but is it not probable that the resolution which we know occurs in some patches in almost every case, more frequently occurs in all than has been hitherto believed?

At the seat of war there has been repeated mention of transitions between abdominal typhus and dysentery. Such expressions originate in a misunderstanding. We must not confound the names of diseases based on a clinical experience with those which are founded on pathological anatomy. Dysentery, like apoplexy and pertussis, is a clinical designation. It implies discharges from the bowels accompanied by tenesmus. It has been referred to inflammation of colon and rectum, but sometimes a large part of the ileum is involved also, and it is not every colitis or proctitis that is dysenteric.

Schönlein grouped dysentery with angina gangrenosa, croup, hospital gangrene, and septic metritis. Rokitsansky went so far as to speak of a puerperal uterine dysentery. Here we see anatomical notions confusing the clinical. Rokitsansky only meant that in these cases the lesion of the mucous membrane of the uterus was similar to that observed in the dysenteric intestine.

Virchow taught a long time ago that the intestinal lesion in dysentery was in many cases similar to that which Bretonneau called diphtheritis when the mucous membrane of the throat was affected, and that a similar process occurred also in cholera, as well as in the enteritis which sets in above intestinal strictures. Since then, many speak as if every dysentery were due to diphtheritic inflammation—as if diphtheritis of the colon or rectum was the correct anatomical expression for what the clinicists call dysentery. He protests that he feels free from the blame of having originated this error. In fact, he began his account of dysentery by stating (*Virchow's Archiv.*, vol. v., p. 348) that a catarrhal dysentery may, under certain influences, be aggravated into a diphtheritic dysentery. For simple catarrhal inflammation of the mucous membrane, often of great extent, occurs in dysentery as well as in typhus. In typhus it affects chiefly the small, in dysentery the large intestine.

The discharges produced by the dysenteric catarrh contain commonly, besides mere fluid matter, those thick glairy masses called mucous when they are transparent, croupous or fibrinous when they are opaque. This is the so-called "white dysentery;" in the "red dysentery" the discharges only differ by containing more or less blood. Both kinds of stools may occur without any ulceration or erosion of the mucous membrane, and the hemorrhage may be simply due to the rupture of congested capillary vessels during the spasmodic contractions of tenesmus. Hence, the amount of blood discharged is often closely related to the degree of tenesmus.

The subacute and chronic forms of catarrhal dysentery readily become complicated with follicular ulceration of the colon. Bamberger is right in distinguishing this form of ulcerative colitis from diphtheritic inflammation. But he shares an old error of the school of Prague when he speaks of the swollen follicles as exhibiting at times clear transparent contents, for such cysts, which belong only to the later stages of chronic dysentery, originate in the coalescence of the follicles of Liebkühn. They are described in Virchow's book on tumors (vol. i., p. 243.)

The primary lesion in the follicular ulceration of dysentery is the conversion of the solitary follicles into little abscesses; these on their rupture leave small cavities, which manifest a tendency to burrow, and thus to coalesce, forming often large ulcers, and sometimes causing the separation of portions of mucous membrane of considerable dimensions.

Bamberger adheres to another error of the school of Prague. He regards those little lumps in the stools, which resemble cooked sago or frogs'-eggs, as the secretion of the diseased solitary follicles. Virchow, however, has shown (*Virchow's Archiv.*, vol. v., p. 329) that the iodine reaction generally demonstrates these lumps to consist of undigested, starchy matters. Where they are truly mucous masses, however, they must proceed from the glands of Lieberkühn, not from the solitary follicles.

It must be added that follicular ulceration is not peculiar to dysentery; it occurs also in other forms of intestinal catarrh, as, for example, in that of phthisis.

We have next to consider the diphtheritic process already mentioned as occurring in dysentery. The pseudo-membranous patches are greyish-white, or grey if they occur on portions of the mucous membrane affected simply by catarrhal inflammation. If they occur on portions of mucous membrane into which hemorrhagic effusions have taken place they are brownish-red, blackish, or greenish-black. In either case they may be stained variously by the intestinal contents.

The diphtheritic layer may be superficial, or may extend deeply into the mucous membrane. Its depth will determine the depth of the subsequent ulcer. Ulceration is the constant result, the diphtheritic layer being separated as a slough by a suppurative process. These ulcers are unlike the follicular ulcers of catarrhal dysentery, and they do not burrow. Yet it is to be noted that the diphtheritic process sometimes involves the follicles, producing follicular ulcers, along with the diphtheritic destruction of tissue.

From the foregoing sketch it will be understood that we cannot substitute the anatomical designations of either of the above lesions for the clinical term dysentery, which is based on symptoms and etiology, and embraces both the catarrhal and the diphtheritic form. The former is the less severe variety, and it is probable that the diphtheritic process only sets in in portions of the mucous membrane which are already affected by catarrh. Moreover, simple catarrhal inflammation of some portion of the intestine always co-exists with diphtheritic altera-

tion of others. This is shown by the fact that the discharges from the bowels continue—for the diphtheritic patches secrete nothing, and only discharge a little pus after the sloughs begin to separate.

It will now be understood that there is no reason why abdominal typhus and dysentery may not co-exist in the same person; the diphtheritic form of dysentery is most apt to occur in such cases, just as diphtheritic sore throat sometimes sets in during abdominal typhus. In fact, all three processes may co-exist. Usually the dysenteric process sets in during the latter stages of abdominal typhus. Such cases are, however, comparatively rare, and Virchow declares he does not know of a single instance in which abdominal typhus has developed itself in a patient already suffering with dysentery.

He next proceeds to compare what he has learned of the fever and dysentery of the German armies in France with what occurred during the late war in America.

"It is worth while to state, in the interests of the comparative pathology of war epidemics, that the conditions observed in the present war approximate in many particulars those of the late American war. There also spotted typhus was almost never observed, and the reporter of the medical staff, Woodward, was even inclined to refer the few cases reported under this designation to inaccurate diagnosis. (*Outlines of the Chief Camp Diseases of the United States Armies, Philadelphia, 1863*, p. 153.) In his later report, which forms a part of the contents of the renowned Circular No. 6 of the Surgeon-General's Office (p. 113), he admits a limited number of cases of true typhus, especially among prisoners of war. This number, however, was so small that Bartholow, who contributed the report on camp fevers in the medical section of the sanitary memoirs of the war of the rebellion, collected by the United States Sanitary Commission, expresses his opinion that it is questionable whether mere overcrowding and insufficient ventilation are sufficient in themselves to generate typhus. He insists particularly upon the absence of typhus in the notorious Andersonville prison. For the rest, cases of 'spotted fever' occurred, it is true, in many regions in America, but the report of Hunt (*Contributions*, p. 390) states that those were really cases of cerebro-spinal meningitis." While spotted typhus was rare, abdominal typhus and dysentery were wide-spread in the American army. In circular No. 6, the number of cases of abdominal typhus for the first year of the "war is reported as 21,977, with 5,608 deaths; the total being for the second year, 31,374 cases and



10,467 deaths; the total being 53,351 cases and 16,075 deaths. During the first year, 215,214 cases of acute and chronic diarrhœa and dysentery were reported, with 1,194 deaths. Since the limits between diarrhœa and dysentery cannot be very sharply drawn in medical reports made often from different points of view, and since it appears from the statements of American physicians, and particularly from the pathologico-anatomical reports of Woodward, that a large part of the cases of so-called diarrhœa were really dysenteries, we may assume that in spite of the enormous number of diarrhœa cases reported, dysentery was nevertheless an exceedingly prevalent affection. During the second year of the war the number of cases of diarrhœa and dysentery amounted to 510,461, with 10,366 deaths. The total for the two years was therefore 725,675 cases and 11,560 deaths. More than one-fourth of all the cases of sickness belonged to this category. On the other hand, the mortality from abdominal typhus was absolutely greater, although the number of cases was about fourteen times less."

"The secession war also showed a similarity to that of Germany with France, in the gradual manner in which abdominal typhus increased in frequency and severity. It is important to the future solution of etiological questions to draw the attention of physicians now to this agreement."

Next, with regard to the etiology of the diseases under consideration. Hippocrates has mentioned the prevalence of dysenteric diarrhœa and protracted quartan fevers during the summer. Observers of every age, especially in hot countries, have laid stress on the connection of dysentery and diarrhœa with malaria.

This has perhaps nowhere occurred to such an extent as in North America, where the medical historian of the war has even gone further, and established a special group of fevers, first described by Woodward (*Outlines*, p. 74) under the name of typho-malarial fever. But it seems to me that we should be very cautious in this direction. Certainly malaria, as I formerly mentioned, exercises a predisposing influence on the development of dysentery, since nearly all febrile conditions occurring in the warm or mild seasons, in swampy regions, or during the prevalence of intermittents, are complicated with "catarrhal affections of the mucous membrane of the intestines. But the determining must be distinguished from the predisposing influence. That mere exhalations from the soil—and as such malaria must be considered—are capable of generating dysentery or typhoid disease, is exceedingly questionable." (*Virchow's Archiv.*, vol. v., S. 354.)



More importance is attached by Virchow to the influence of impure drinking water in producing these disorders. His opinions as to its relations to typhus are given in a recent paper (*Virchow's Archiv.*, vol. xlv., p. 294). With regard to dysentery, too, it is important. In 1770, a hundred years ago, an epidemic of dysentery occurred in a regiment stationed at Metz, which was clearly traced to the use of water from wells contaminated by adjacent latrines (*Guilhaumon. La guerre et les epidemies*, p. 64). The Romans supplied Metz with pure water from a distance, by means of a great aqueduct, the ruins of which are still seen. A new aqueduct performing the same functions was interrupted during the recent siege by the German troops. The notion that the soil and water around Metz are favorable to the development of fever and dysentery is not without support from history.

Just before Metz was taken from Germany, in 1552, the Emperor Charles V. besieged the place with 80,000 men. During the months of November and December, a third of his army melted away, chiefly from dysentery, scurvy, hospital gangrene, and camp fever. In the city, things grew so bad that it was commonly supposed that the surgeons had poisoned the bandages, till Ambrose Paré, who visited both the imperial camp and the city, dissipated the suspicion. After the siege was raised, a terrible epidemic of typhus broke out in Metz, and devastated the already desolated valley of the Moselle, from Pont-à-Mousson to Thionville (*Guilhaumon*, loc. cit., p. 36).

Again, after the battle of Valmy, September 20, 1792, when the allied German armies retreated before the French, a very contagious epidemic of dysentery broke out among them, and involved also the French army and population. It was known as the "Courrée Prussienne." The retreat commenced in Champagne, and lasted twenty-two days. The first cases, however, filled the hospitals of Verdun and Longwy, not those of Metz. Typhus followed, but appeared first in the Department of the Mass, and the districts of the Moselle, the Meurthe, and the Ardennes; everywhere the hospitals were crowded. In the sequel, typhus prevailed for two years in Metz, 64,413 men being received into hospitals there; 4870 died.

But these accounts hardly furnish the details for an exact investigation into the causes of the pestilence. They show, however, that at least no one place can be held responsible for their origin, and this is doubtless one reason why some investigators give prominence rather to the supposed influence of season.

"Nearly all the epidemics of typhus in or near Metz commenced late in the summer or in the fall. Woodward (*Circular No. 6*, p. 112) mentions the 'autumnal' character of the North American camp fever, as a corroboration of his view of the prevalence of a malarial element among the causes; and diarrhœa and dysentery were so much more frequent in the Union armies during the summer and autumn, that the definite influence of the time of the year seemed indisputable. (*Circular No. 6*, p. 120.) In the present campaign the appearance of dysentery was not confined to any special malarial region. The first news of it came from Saar-rück. The hospitals of Saarlouis and along the line of railroad from Remilly soon filled, and the army was already suffering from dysentery when it came before Metz. After the disease made its appearance, contagion may have played a considerable part; but its first appearance must be referred to other circumstances. Nothing, then, is left, but to admit the effect of injurious alimentary and thermal conditions."

Virchow then proceeds to sketch the irregular and often improper food and drink of the troops, their exposure to cold nights after hot days, to inclement weather without shelter, repose on the damp ground, and the like. But he suggests, that besides all such causes, some local influence, acting on particular parts of the intestines appears probable, and thinks this may perhaps be found in constipation with fœcal accumulations. He refers to the local diphtheritic processes, and the deep and numerous follicular ulcers often seen just above strictures of the intestines. Perhaps the ammonia evolved by the decomposition of the fœcal matters is the immediate irritant. (See *Virchow's Archiv.*, vol. v., p. 356.) In Bright's disease, where considerable quantities of urea occur in the intestinal secretions, and rapidly decompose, extensive intestinal diphtheritis is common. Ammoniacal decomposition of the urine is known to produce catarrh of the bladder, ureters, and pelves of the kidneys. In vesico-vaginal fistula, diphtheritis of the vagina is common.

He does not insist upon this view to the exclusion of all co-operating influences; malaria, bad water, the cachectic condition which the Americans name "the scorbutic taint"—doubtless all exert their influence—but he thinks it improbable that true dysentery ever arises, unless, besides these, either contagion or fœcal retention exists as the immediate cause.

In abdominal typhus, contagion is probably of less significance, but its possibility cannot be excluded. The contamination of

the soil by decomposing animal matters, and the emanation thence of a peculiar poison acting either through the air or the drinking water, is generally regarded as the cause. Overcrowding of habitations, deficient nourishment, season, place, etc., may co-operate, but are probably of secondary importance, though in a general way, whatever can evoke an intestinal catarrh may act as an accessory cause.

"The casual momenta are nowhere more readily brought together than in a besieging army, especially where the siege is of long duration. The scanty and irregular nourishment, the want of shelter, the exhausting service—above all, the uncleanness which necessarily increases from week to week, affect the besiegers much more severely than they do the besieged." It is not surprising, then, that this was the case at Metz in 1552 as well as in 1870. But in protracted sieges the condition of the besieged becomes the worse in the sequel, especially if the place is overcrowded, or occupies an unhealthy site. Under such circumstances devastating pestilences may break out, as happened at Dantzic, at Torgau, and at Saragossa.

So little is known positively about the causes of abdominal typhus, that our prophylaxis is uncertain. Among the *personnel* of three of the sanitary trains from Berlin to Metz, of which only Virchow knew the particulars, cases of abdominal typhus of a severe form occurred. The circumstances are recounted in detail, and the conclusion drawn that they warrant the inference of contagion.

The influence of contagion in the production of spotted typhus and of recurrent fever is clearer. Every time these diseases have become epidemic in Berlin, of late years, they appear to have been imported from the provinces, and the circumstances have not been such as to show clearly the influence of either famine or overcrowding, while they have rendered contagion highly probable. It is true that typhus has often occurred in prisons and fortresses; but the case of Andersonville shows that we must not reason too hastily with regard to such instances. Moreover, in the majority of those cases in which war typhus has occurred in camps and fortresses on the continent of Europe, it can be traced directly to contagion, and overcrowding has served rather to favor the spread of the poison than to originate it.

It can no longer be disputed, at the present time, that the Slavonic countries are the ever-overflowing source of spotted typhus, as they are also of the rinderpest. This is the secret of the supposed intimate connection between the two diseases. The present war has disabused our minds with regard to such a

supposition. The rinderpest was carried everywhere by the cattle brought for the army from Podolia and Galicia; it spread through Pomerania and Mecklenburg, through Mark and Saxony, until it reached France. Yet there has been no appreciable number of cases of spotted typhus. On the other hand, in modern times spotted typhus has followed every army which has moved out of the east into Central Europe. The severest epidemic which has recently visited Germany was brought with the French army in its retreat from Russia; the next pestilence of the sort which attacked a French army occurred, when on the soil of the Crimea they came into new contact with Slavonic troops. The hunger pestilence of Upper Silesia in 1848, and of East Prussia in 1868, stood related in many respects to Slavonic populations. Even in our province of Posen, there have been since 1828 a number of small epidemics of recurrent fever and spotted typhus. "Poland appears to have as dangerous a significance for us as Ireland for Great Britain; and much as I was formerly opposed to admitting contagion as the common means of the development of typhus-epidemics, I must confess that, like so many earlier observers, continued experience impels me more and more to go over to the camp of the contagionists."

The paper closes with the hope that the war may find scientific and well-instructed historians. "Every war is a heavy evil, and the real gain lies often enough in a very different direction from material acquisitions."—*New York Medical Record*.

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### Editorial.

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GRADED CLASSES AND CONSECUTIVE STUDY IN THE MEDICAL COLLEGES.—On another page will be found a notice of an important change in the plan of instruction in the Medical Department of Harvard University, at Boston. It is the leading medical school in the New England States, and its adoption of the graded class system will have much influence in furthering a very desirable change in the medical colleges generally.

We are glad to see that most of the medical journals notice and commend the movement in the Boston School. Some of them, however, accompany their notices with very singular

comments. For instance, the editor of the *New York Medical Record*, in his June number, alluding to the division of the curriculum and the gradation of the classes, says: "It strikes us that the promises for the success of such a feature in college instruction are sufficiently good to invite a fair trial. *The initiative has, in fact, been already taken. The Woman's Medical College of this city, as we are at present informed, has the credit of being the pioneer in such a movement. For a year or more, it has so arranged the plan of instruction as to secure a gradation of studies through three years of the student's course. The class in attendance is divided into three grades, corresponding respectively to the three years of study. An examination is held at the end of each term for promotion.*"—(See *N. Y. Medical Record*, p. 158).—We have many times been reminded that a large part of the people in the Atlantic cities have no knowledge of any country or people west of the Alleghany Mountains. We did not suspect, however, that the intelligent editor of the *Medical Record* belonged to that class, until we read the editorial from which the above paragraph is quoted.

But his representation of the Woman's Medical College in New York as the *pioneer* institution adopting, and the republication of his own advocacy of the policy five years since as evidence of his early sanction of, the plan, clearly shows that if he is not entirely ignorant of the fact that there is an inhabited country west of the Alleghany range, and a little town of 300,000 located near the south end of a small pond known as Lake Michigan; he is at least oblivious to the fact, that so early as the fall of 1859, a Medical College was organized and put into active operation in the city of Chicago, for the express purpose of establishing the system of medical college instruction on a broader and more systematic basis.

Said college adopted at the beginning a full curriculum of branches, divided it into two groups, and the students into two classes—called junior and senior—with full examinations at the end of each term. It also adopted a regular college term of five months, with a supplementary summer clinical term of four months.

After a few years, when the success of the undertaking had been fully established by a steadily increasing patronage, it adopted, in 1868, the full division of its curriculum into three series of branches, and its students into three classes—junior, middle, and senior—corresponding to the three years of study; extended its regular lecture term to five and a-half months, with a supplementary summer clinical term of three months; and has so continued to the present time. Two years since, a new medical school was organized in St. Louis—another little town, on the river known to minute geographers as the Mississippi—which fully adopted the system of graded classes and consecutive teaching. For further information on the subject, we would refer our respected Eastern co-temporary to the Annual Announcement of the Chicago Medical College, and a book published some fifteen or twenty years since, entitled, “History of Medical Education and Institutions in the United States.”

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IMPOSITION.—Some scalawag, calling himself “Dr. H. F. Adams,” appears to be perambulating about in Kansas, distributing handbills containing the following certificate, which is a barefaced forgery from beginning to end:

“We, the undersigned, physicians, of the State of Illinois, who are personally acquainted with DR. H. F. ADAMS, of Chicago, Ill., can heartily and cheerfully recommend him as one of the most bold and successful surgical operators in the northwest. And we also know him to be a regular GRADUATE of Medicine and Surgery, of the College of Physicians and Surgeons, of New York City, as well as the University of Edinburgh, Scotland. The Doctor is worthy the public confidence generally.

Professor N. S. DAVIS, M.D., Chicago.

“ ORRIN SMITH, M.D., “

“ ADAMS ALLEN, M.D., “

J. B. GALLER, M.D., Warren, Illinois.

E. T. ALLEN, M.D., Alton, “

O. M. POND, M.D., Camp Point, Illinois.”



We have received several copies from different parties. Some darkey should be hired to coat the fellow with tar, and give him a ride on a hemlock rail.

WISCONSIN STATE MEDICAL SOCIETY.—The Twenty-fifth Annual Session of the Wisconsin State Medical Society will be held in Bowman's Hall, in the city of Milwaukee, commencing on Wednesday, the 21st day of June prox., at seven o'clock P.M.

A NOTE OF PROGRESS.—The medical department of Harvard University at Boston, Mass., has become one of the largest medical schools in the country. We are gratified to find that its large and able faculty is not satisfied to settle down in the old beaten path of cramming all branches of medical science into the minds of first and third course students alike, but that it has adopted the system so long advocated by Dr. N. S. Davis, of Chicago, and adopted several years ago in the Chicago Medical College, of dividing the studies into three courses, one for each of the years required by custom in this country for attendance on medical lectures. The following is the curriculum of study adopted by the faculty:

*For the first year*—Anatomy, Physiology, and general Chemistry.

*For the second year*—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

*For the third year*—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

The advantages to the student of this plan of division of studies are self-evident, and it is to be hoped that other medical schools throughout the country will adopt the principle.

With the adoption of this principle in medical education must ultimately come the lengthening of the course of study. Three years do not give sufficient time for a thorough acquirement of even the theoretical part of medical knowledge, while much time should be devoted to witnessing and engaging in the practical application of this knowledge at the bedside of the sick, before the student enters upon the duties of a general practitioner of medicine.

This action of the medical department of Harvard University is the most hopeful sign of medical progress that has appeared for many years, and it should popularize this school with medical students.—*Philadelphia Medical and Surgical Reporter.*



CLINICAL SURGERY IN THE ROYAL GLASGOW INFIRMARY.—Dr. George Buchanan, in the year 1870, treated 499 cases of fracture and other surgical injuries, and of these 470 were dismissed, cured or relieved, and 29 died; giving a mortality of  $5\frac{1}{4}$  per cent., which is a very small proportion, considering the nature of the injuries under treatment. They included 136 cases of fracture of various bones, both simple and compound, of which no less than 29 were of the thigh. Amongst the principal cases of operations were 9 cases of amputation of the thigh, 2 primary for injury, and 7 for disease—all successful. Such a result is most remarkable, and Dr. Buchanan states that he never met with the like success before. One lateral half of the tongue was excised in two cases, each of which made a good recovery. All the compound fractures were treated, as nearly as circumstances permitted, on the antiseptic principle, and there is no doubt that some were converted into simple fractures, with a celerity that could not have been achieved by any other plan. For treatment of compound fractures of the thigh and leg, Dr. Buchanan prefers the box splint, reaching from the buttock to beyond the foot, with foot-piece and hole for the heel. On the out or inside, as the wound is situated, is a slide splint fixed to a back one, or if there are wounds on both sides, the splint is made with a folding-door on each side, for changing the dressings. It is padded with well-carded oakum, which is antiseptic in itself—the fresh tarry smell being grateful to the patient, and the lossiness of the material absorbs the discharge with great facility.—*The Doctor.*

ACUTE SYNOVITIS—INCISION INTO THE JOINT.—Mr. J. R. Jessop, F.R.C.S., in a lecture published by the *British Medical Journal*, states that he lately successfully followed Professor Lister's plan, and incised into the knee-joint of a patient aged twenty years, who suffered from acute synovitis, after the ordinary treatment in such cases had been tried, *i.e.*, rest, leeches, ice, evaporating lotions, salines, etc. Mr. Jessop made an opening into the joint, and in the axis of the thigh, commencing one inch above the patella, the opening was an inch long, but had to be enlarged to one and a-half inches to allow flakes of lymph to pass through, which were suspended in from eight to ten ounces of clear fluid. From the time the incision was made, the excruciating pain ceased, the fever disappeared, the swelling never returned, and the patient was sent from the Leeds Infirmary to a convalescent hospital, with a movable painless joint, within a month from the time of the operation.—*The Doctor.*

## MORTALITY FOR THE MONTH OF MAY, 1871.

Accidents, burns	2	Diphtheria	10	Laryngitis	2
" brain compression	3	Diarrhœa	3	Liver and stomach, ob-	
" crushed	4	" chronic	2	duration of	1
" drowned	10	Diarrhœa & complica-		Lungs, congestion of	6
" fall	5	tions	3	Manslaughter	2
" run over by team	2	Dropsy, general	5	Measles	22
" steam railroad cars	3	" of abdomen	1	" and complications	19
" scalded	1	" of chest	1	Meningitis	6
Aneurism of aorta	1	" & cirrhosis of liver	1	" cerebro-spinal	5
Apoplexy	7	Dysentery	7	Metritis, puerperal	1
Asphyxia	1	" acute	1	Myelitis	1
Atelectasis pulmonum	1	Empyema	1	Old age	11
Births, premature	11	Enteritis	9	Paralysis	3
" still	48	Erysipelas	3	Peritonitis	2
Brain, compression of	1	Fever, puerperal	3	" puerperal	2
" congestion of	4	" remittent	1	Pneumonia	36
" inflammation of	9	" and rupture of		" broncho	2
" softening of	1	bloodvessel	1	" and complications	3
Bronchitis	12	" scarlet	6	" typhoid	2
" capillary	5	" & complicat's	3	Pyæmia	3
Cachexia	1	" malignant	2	Purpura	1
Cancer of neck	1	" typhoid	10	Rheumatism, acute	3
" of stomach	3	Gangrene of arm	1	Scrofula	1
" of uterus	1	Gastritis	4	Septicæmia	1
Cerebral abscess	1	" and hypatitis	1	Small-pox	1
Chronic nervous prostr-		Gastro-enteritis	1	Spine, injury of	1
tration	1	Hæmatemesis	1	Spina bifida	1
Cholera infantum	5	Hemorrhage from nose	2	Stomach, hemorrhage of	1
" morbus	1	Heart disease	7	Suicide by shooting	3
Consumption	51	" dropsy of	2	" by drowning	1
Convulsions	49	" & liver disease of	1	" by hanging	1
" puerperal	3	" hypertrophy of	3	" by morphia	1
" uræmic	1	" rheumatism of	2	Tabes mesenterica	11
Croup	8	" valvular disease of	7	Teething	1
" diphtheritic	1	" clot, result of rheu-		" and complications	8
" membranous	5	matic fever	1	Uterus, hemorrhage of	2
Cyanosis	2	Hepatitis	2	Whooping-cough	3
Cynanche maligna	1	" chronic	1	" and complications	3
" trachealis	1	Hydrocephalus	16		
Cystitis, chronic	1	Inanition	13	Total	525
Debility, general	3	Kidneys, Bright's dis-			
Delirium tremens	1	ease of	1		

## AGES.

Under 1	156	20 to 30	40	90 to 100	1
1 to 2	62	30 to 40	42	100 to 101	1
2 to 3	29	40 to 50	30	Unknown	1
3 to 4	20	50 to 60	25		
4 to 5	17	60 to 70	23	Total	525
5 to 10	27	70 to 80	10		
10 to 20	33	80 to 90	8		
Males	288	Single	382	White	517
Females	237	Married	143	Colored	8
Total	525	Total	525	Total	525

## COMPARISON.

Deaths in May, 1871,--- 525 | Deaths in May, 1870,--- 436 | Increase,---- 89  
 Deaths in April, 1871,----- 423 | Increase,----- 102

## NATIVITY.

Austria -----	1	England -----	6	New Brunswick ----	0
Bohemia -----	8	France -----	0	Norway -----	9
Canada -----	5	Germany -----	70	Nova Scotia -----	1
Chicago, Native ---	66	Holland -----	0	Switzerland -----	0
Chicago, Foreign ---	212	Ireland -----	50	Scotland, -----	6
U. S., other parts ---	75	Italy -----	0	Sweden -----	10
Denmark -----	2	New Foundland ----	2	Unknown -----	2
Total.					525

## MORTALITY BY WARDS FOR THE MONTH.

Wards. Mortality. Pop. in 1870. One death in				Mortality.	
1...	8	6,531	816	Accidents.....	30
2...	14	14,338	1023	Bridewell.....	1
3...	31	16,805	548	County Hospital.....	12
4...	11	12,178	1107	Foundling Home.....	4
5...	14	11,605	829	Home for Friendless.....	1
6...	30	19,486	649	Hospital Alexian Brothers.....	2
7...	27	13,849	513	Immigrants.....	1
8...	53	22,994	442	Jewish Hospital.....	1
9...	47	27,278	580	Marine Hospital.....	1
10...	19	13,750	724	Mercy Hospital.....	2
11...	22	14,988	681	Manslaughter.....	2
12...	17	13,976	887	St. Luke's Hospital.....	1
13...	7	8,943	1277	St. Joseph Orphan Asylum.....	10
14...	9	9,076	1007	Scammon Hospital.....	1
15...	52	20,382	390	Suicide.....	6
16...	20	13,975	698		
17...	25	17,118	685		
18...	26	17,069	683		
19...	9	8,738	971		
20...	9	13,628	1514		
				Total.....	525

Mean Thermometer for month, 61°; Rain, 3,550 inches; Deaths daily, 16½.

It will be seen from the foregoing table that there is an increase by nearly all diseases, compared with the month of April, and that the infantile diseases incident to summer have already made their appearance. This arises from various causes, such as increase and change of temperature, greater rainfall, and difference in the direction and activity of the wind. In April, the prevailing wind was from the southwest; this month it was from the northeast. The effect of this change is observed in the fact that there is not much increase in the number of deaths in the wards lying in the north side and the Lake, while more than one-half (57) occurs in the 5th, 6th, 7th, and 8th wards, comprising the extreme southwestern part of the city, with a population of about one-sixth of the whole. No doubt the want of drainage, character of population, and the conditions surrounding them, had some influence, but not sufficient to cause such a great difference. Compared with the corresponding month of 1870, there is a decided increase, greater than the increase of population proportionately. In judging, however, of this fact, it is necessary to bear in mind that to May 1st, 184 less deaths occurred than for the same period in 1870, so that even with this increase we have had 83 less deaths than last year. There has, however, so far this year, been a less marked epidemic tendency than last. The month of May generally is one of the healthiest. In 1866 there were 275

deaths; 1867, 241; 1868, 321; 1869, 372; 1870, 436; and this year, 525. The mean temperature in 1866 was 58; 1867, 51; 1868, 55; 1869, 54; 1870, 65; and 1871, 61°. It will be seen that the mean daily temperature for the last two years has been unusually high, and with a corresponding increase in the number of deaths. While the mean daily temperature has not been as high as last year, the range of the thermometer has been 8° greater, with rainfall of nearly three inches more.

The general sanitary condition of the city was not as good as last year. This was owing to various causes, such as the increase of rain, making it impossible in certain localities to do anything, and the near approach to the completion of the deepening of the canal prevented the pumping of the Chicago River, lest it should interfere with the work, thus causing the offensive exhalations of the Chicago River to be longer continued than usual.

JOHN H. RAUCH, Sanitary Superintendent.

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